

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION MDL NO. 2804
OPIATE LITIGATION

Case no.
17-mdl-284
Judge Dan Polster

This document relates to:
The County of Summit, Ohio, et al.,
V.
Purdue Pharma L.P., et al.,
Case No. 1:18-OP-45090 (N.D. Ohio)

Videotaped deposition of
DONNA SKODA
August 14, 2018
9:06 a.m.

Taken at:
Brennan Manna & Diamond
75 East Market Street
Akron, Ohio
Wendy L. Klauss, RPR

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the City of Akron, Summit County,</p> <p>4 and the Witness:</p> <p>5 Motley Rice LLC</p> <p>6 ANNE MCGINNESS KEARSE, ESQ.</p> <p>7 HANNA S. WERNER, ESQ.</p> <p>8 JODI FLOWERS, ESQ.</p> <p>9 28 Bridgeside Boulevard</p> <p>10 Mt. Pleasant, SC 29464</p> <p>11 (843) 216-9140</p> <p>12 Akearse@motleyrice.com</p> <p>13 Hwerner@motleyrice.com</p> <p>14 Jflowers@motleyrice.com</p> <p>15 -AND-</p> <p>16 FIDELMA L. FITZPATRICK, ESQ.</p> <p>17 55 Cedar Street, Suite 100</p> <p>18 Providence, RI 02903</p> <p>19 (401) 457-7728</p> <p>20 Ffitzpatrick@motleyrice.com</p> <p>21 On behalf of Cuyahoga County:</p> <p>22 Napoli Shkolnik PLLC</p> <p>23 JOSEPH L. CIACCIO, ESQ.</p> <p>24 400 Broadhollow Road, Suite 305</p> <p>25 Melville, NY 11747</p> <p>(631) 224-1133</p> <p>Jciaccio@napolilaw.com</p> <p>-AND-</p> <p>Plevin & Gallucci</p> <p>ROBIN M. WILSON, ESQ.</p> <p>55 Public Square, Suite 2222</p> <p>Cleveland, OH 44113-1901</p> <p>(216) 861-0804</p> <p>Rwilson@pglawyer.com</p> <p>On behalf of Johnson & Johnson and Janssen</p> <p>Pharmaceuticals, Inc.:</p> <p>Tucker Ellis, LLP</p> <p>TARIQ M. NAEEM, ESQ.</p> <p>GIUSEPPE W. PAPPALARDO, ESQ.</p> <p>950 Main Avenue, Suite 1100</p> <p>Cleveland, OH 44113</p> <p>(216) 592-5000</p> <p>Tariq.naeem@tuckerellis.com</p> <p>Gwp@tuckerellis.com</p>	<p style="text-align: right;">Page 4</p> <p>1 APPEARANCES, Continued:</p> <p>2 On behalf of Endo Health Solutions, Inc. and</p> <p>3 Endo Pharmaceuticals Inc.</p> <p>4 Arnold & Porter</p> <p>5 ANGEL TANG NAKAMURA, ESQ.</p> <p>6 777 South Figueroa Street, 44th Floor</p> <p>7 Los Angeles, CA 90017-5844</p> <p>8 (213) 243-4000</p> <p>9 Angel.nakamura@arnoldporter.com</p> <p>10</p> <p>11 On behalf of Walmart Inc.:</p> <p>12 Jones Day</p> <p>13 LISA GATES, ESQ.</p> <p>14 North Point</p> <p>15 901 Lakeside Avenue East</p> <p>16 Cleveland, OH 44114-1190</p> <p>17 (216) 586-3939</p> <p>18 Lgates@jonesday.com</p> <p>19 On behalf of HBC Service Company:</p> <p>20 Marcus & Shapira, LLP</p> <p>21 ZACHARY P. FENSTEMAKER, ESQ.</p> <p>22 One Oxford Centre, 35th Floor</p> <p>23 301 Grant Street</p> <p>24 Pittsburgh, PA 15219-6401</p> <p>25 (412) 471-3490</p> <p>Fenstemaker@marcus-shapira.com</p> <p>On behalf of Distributor Defendant McKesson</p> <p>Corporation:</p> <p>Covington & Burling LLP</p> <p>STEPHEN RAIOLA, ESQ.</p> <p>One CityCenter</p> <p>850 Tenth Street, NW</p> <p>Washington, DC 20001-4956</p> <p>(202) 662-6000</p> <p>Sraiola@cov.com</p> <p>On behalf of Miami Luken:</p> <p>Jackson Kelly PLLC</p> <p>SAMANTHA M. D'ANNA</p> <p>500 Lee Street East, Suite 1600</p> <p>P.O. Box 1600</p> <p>Charleston, WV 25301</p> <p>(304) 340-1141</p> <p>Samantha.danna@jacksonkelly.com</p>
<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, Continued:</p> <p>2 On behalf of the Allergan:</p> <p>3 Kirkland & Ellis LLP</p> <p>4 ZACHARY A. CIULLO, ESQ.</p> <p>5 300 North LaSalle</p> <p>6 Chicago, IL 60654</p> <p>7 (312) 862-2000</p> <p>8 Zac.ciullo@kirkland.com</p> <p>9 On behalf of Distributor AmerisourceBergen Drug</p> <p>10 Corporation</p> <p>11 Reed Smith, LLP</p> <p>12 MICHAEL J. SALIMBENE, ESQ.</p> <p>13 Three Logan Square</p> <p>14 1717 Arch Street, Suite 3100</p> <p>15 Philadelphia, PA 19103</p> <p>16 (215) 851-8100</p> <p>17 Msalimbene@reedsmith.com</p> <p>18 On behalf of Rite Aid of Maryland:</p> <p>19 Morgan Lewis</p> <p>20 JOHN P. LAVELLE, JR.</p> <p>21 1701 Market Street</p> <p>22 Philadelphia, PA 19103-2921</p> <p>23 (215) 963-4842</p> <p>24 John.lavelle@morganlewis.com</p> <p>25 On behalf of Cardinal Health, Inc.:</p> <p>Williams & Connolly LLP</p> <p>JOSHUA D. TULLY, ESQ.</p> <p>725 Twelfth Street, N.W.</p> <p>Washington, DC 20005</p> <p>(202) 434-5000</p> <p>Jtully@wc.com</p> <p>On behalf of Prescription Supply, Inc.:</p> <p>Pelini, Campbell & Williams, LLC</p> <p>GIANNA M. CALZOLA-HELMICK, ESQ.</p> <p>Bretton Commons</p> <p>8040 Cleveland Avenue NW, Suite 400</p> <p>North Canton, OH 44720</p> <p>(330) 305-6400</p> <p>Giannac@pelini-law.com</p>	<p style="text-align: right;">Page 5</p> <p>1 APPEARANCES, Continued:</p> <p>2 On behalf of Insys Therapeutics, Inc.</p> <p>3 Holland & Knight LLP</p> <p>4 JOE FRANCO, ESQ.</p> <p>5 2300 U.S. Bancorp Tower</p> <p>6 111 S.W. Fifth Avenue</p> <p>7 Portland, Or 97204</p> <p>8 (503) 517-2941</p> <p>9 Joe.franco@hklaw.com</p> <p>10</p> <p>11 On behalf of CVS Rx Services, Inc. and CVS</p> <p>12 Indiana, LLC:</p> <p>13 Zuckerman Spaeder LLP</p> <p>14 ANTHONY RUIZ, ESQ.</p> <p>15 1800 M Street, NW</p> <p>16 Suite 1000</p> <p>17 Washington, DC 20036-5802</p> <p>18 (202) 778-1823</p> <p>19 Aruiz@zuckerman.com</p> <p>20</p> <p>21 On behalf of Teva Pharmaceutical Industries</p> <p>22 Ltd.</p> <p>23 Morgan Lewis, LLP</p> <p>24 ELLIOTT E. BROWN, ESQ.</p> <p>25 1111 Pennsylvania Avenue N.W.</p> <p>Washington, DC 20004</p> <p>(202) 739-3000</p> <p>Elliott.brown@morganlewis.com</p> <p>On behalf of Mallinckrodt LLC.</p> <p>Ropes & Gray</p> <p>HAYDEN MILLER, ESQ.</p> <p>1211 Avenue of the Americas</p> <p>New York, NY 10036</p> <p>(212) 596-9451</p> <p>Hayden.miller@ropesgray.com</p> <p>Also Present:</p> <p>Joseph Vandetta, Videographer</p> <p>~ ~ ~ ~ ~</p>

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<p style="text-align: right;">Page 15</p> <p>1 THE VIDEOGRAPHER: The date is</p> <p>2 August 14, 2018. The time is 9:06 a.m. The</p> <p>3 caption of this case is In Re: National</p> <p>4 Prescription Opiate Litigation. The name of</p> <p>5 the witness is Donna Skoda.</p> <p>6 At this time the attorneys present</p> <p>7 and those attending remotely will identify</p> <p>8 themselves and the parties they represent.</p> <p>9 MS. KEASE: Anne Kearse, on behalf</p> <p>10 of Summit County and Akron.</p> <p>11 MS. FITZPATRICK: Fidelma</p> <p>12 Fitzpatrick, on behalf of Summit County and</p> <p>13 Akron.</p> <p>14 MS. WERNER: Hannah Werner, on</p> <p>15 behalf of Summit County and Akron.</p> <p>16 MS. WILSON: Robin Wilson, of</p> <p>17 Plevin & Gallucci, on behalf of Cuyahoga</p> <p>18 County.</p> <p>19 MR. CIULLO: Zach Ciullo, for</p> <p>20 Allergan on behalf of -- from Kirkland Ellis,</p> <p>21 on behalf of Allergan.</p> <p>22 MS. NAKAMURA: Angel Nakamura,</p> <p>23 Arnold & Porter, on behalf of Defendants Endo</p> <p>24 Pharmaceuticals and Par.</p> <p>25 MS. CALZOLA-HELMICK: Gianna</p>	<p style="text-align: right;">Page 17</p> <p>1 MR. NAEEM: Anybody else? Just a</p> <p>2 reminder that everybody on the phone,</p> <p>3 regardless who they are and who they represent,</p> <p>4 has to represent themselves per the deposition</p> <p>5 protocol entered by the judge. So it looks</p> <p>6 like we have a few more people, please identify</p> <p>7 yourself. Okay.</p> <p>8 THE VIDEOGRAPHER: Would the court</p> <p>9 reporter please swear in the witness.</p> <p>10 DONNA SKODA, of lawful age, called</p> <p>11 for examination, as provided by the Statute,</p> <p>12 being by me first duly sworn, as hereinafter</p> <p>13 certified, deposed and said as follows:</p> <p>14 EXAMINATION OF DONNA SKODA</p> <p>15 BY MR. NAEEM:</p> <p>16 Q. Good morning.</p> <p>17 A. Good morning.</p> <p>18 Q. Would you identify yourself please</p> <p>19 for the record.</p> <p>20 A. My name is Donna Skoda, S-K-O-D-A.</p> <p>21 Q. Thank you, Ms. Skoda, for being</p> <p>22 here today. As we identified ourselves shortly</p> <p>23 before you were sworn, my name is Tariq Naeem,</p> <p>24 I'm going to be examining you today.</p> <p>25 Before we get started, I just want</p>

<p style="text-align: right;">Page 18</p> <p>1 to lay down a few ground rules to make this 2 easier, primarily for the court reporter. Let 3 me ask, have you been deposed before? 4 A. Yes. 5 Q. In your work capacity? 6 A. Yes. 7 Q. When was the last time you were 8 deposed? 9 A. Probably three years ago. 10 Q. And I don't want to get into the 11 specifics, but generally what kind of case was 12 it? 13 A. It was a wrongful termination 14 employment case. 15 Q. And have you been deposed other 16 than that instance? 17 A. No. 18 Q. Did you testify at trial in that 19 case? 20 A. No. 21 Q. Well, just briefly, what I want to 22 make sure again, and this is for the court 23 reporter's benefit, is that you verbalize your 24 answers, yeses and nos, or whatever you need to 25 say, but no nods and shrugs or --</p>	<p style="text-align: right;">Page 20</p> <p>1 As we get started, I want to start 2 with your background, but before we do, let me 3 ask, I assume you prepared for your deposition 4 today? 5 A. Yes. 6 Q. How many times -- well, let me ask. 7 Did you meet with counsel to prepare for 8 deposition? 9 A. Yes. 10 Q. How many times have you met in 11 total to prepare for your deposition today? 12 A. Twice. 13 Q. When was the first time you met 14 with counsel to prepare? 15 A. It was a while ago, maybe a week or 16 two. 17 Q. How long did you meet to prepare 18 for that -- for the deposition that first time? 19 A. I think that was maybe four or five 20 hours. 21 Q. And then there was a second 22 meeting -- 23 A. Correct. 24 Q. -- to prepare? 25 A. Yes.</p>
<p style="text-align: right;">Page 19</p> <p>1 A. Right. 2 Q. -- ambiguous language like uh-huh 3 and uh-uh, which makes sense to us here, but 4 won't translate on the record. I'm going to 5 ask, again because we are used to 6 conversational speak, but again the court 7 reporter has difficulty taking down what we are 8 both saying, if we are talking at the same 9 time, that I would ask if you let me finish my 10 question, and I'll give you the courtesy of 11 finishing your answer before I move on to the 12 next question. 13 A. Okay. 14 Q. And then if I ask bad questions, 15 which will be frequent over the course of the 16 day, if it doesn't make sense, let me know, and 17 I'll try to rephrase it. In my head it makes 18 sense, it doesn't come out the way I want all 19 the time. So I don't want you trying to 20 interpret what you think I meant, just let me 21 know and I'll rephrase it, okay? 22 A. Uh-huh. Thank you. 23 Q. And if you want to take a break at 24 any point, just let us know, and we will go off 25 the record.</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. When was that? 2 A. Yesterday. 3 Q. And how long did you spend 4 preparing for the deposition? 5 A. Four hours, five. 6 Q. Now, as I ask my questions here, I 7 don't want you to tell me anything about what 8 you spoke with your attorneys. That is 9 privileged. So if it comes out that way, I'm 10 not asking for that information. 11 Did you review documents to prepare 12 for your deposition? 13 A. Yes, documents that we submitted. 14 Q. That were produced by Summit 15 County? 16 A. Uh-huh. 17 Q. Specifically by Summit County 18 Public Health? 19 A. Uh-huh. 20 Q. Let's talk about that a little bit, 21 not the documents you reviewed, but the 22 documents your agency collected, and to be 23 clear, you are the health commissioner for 24 Summit County Public Health, correct? 25 A. Correct.</p>

<p style="text-align: right;">Page 22</p> <p>1 Q. When did you become aware that a</p> <p>2 lawsuit was going to be filed?</p> <p>3 A. Let me think. There was sort of</p> <p>4 conversation in the City of Akron. We merged</p> <p>5 health districts, and they no longer had their</p> <p>6 records. They were asking us for some</p> <p>7 financial information, probably in mid 17,</p> <p>8 2017.</p> <p>9 They were asking us for some</p> <p>10 financial information, but at that time, we</p> <p>11 really didn't know what they wanted it for.</p> <p>12 After that, we were invited to a meeting.</p> <p>13 MS. KEARSE: And I'm just going to</p> <p>14 object to anything that was discussed with</p> <p>15 counsel in regards to the lawsuit. That is</p> <p>16 privileged, and we don't need to talk about</p> <p>17 that.</p> <p>18 A. We were just invited to the meeting</p> <p>19 about the general lawsuit with the county.</p> <p>20 Q. And do you recall when that meeting</p> <p>21 was?</p> <p>22 A. It had to have been in the fall of</p> <p>23 2017 maybe, or maybe earlier.</p> <p>24 Q. And again, as your counsel pointed</p> <p>25 out, we are not allowed to ask about the</p>	<p style="text-align: right;">Page 24</p> <p>1 was that in mid 2017, Akron had reached out to</p> <p>2 you or your agency for some financial</p> <p>3 information?</p> <p>4 A. Correct.</p> <p>5 Q. And that the meeting with the</p> <p>6 representatives of the plaintiffs and counsel,</p> <p>7 outside counsel, was later, it was after that,</p> <p>8 you think in the fall of 2017?</p> <p>9 A. I think, yeah.</p> <p>10 Q. Now, prior to mid 2017, had you</p> <p>11 attempted to collect any documents related to</p> <p>12 what I'm going to refer to throughout the</p> <p>13 course of the day today as the opioid crisis,</p> <p>14 for the purposes of litigations?</p> <p>15 A. No, no.</p> <p>16 Q. So again, mid 2017 is the first</p> <p>17 time --</p> <p>18 A. I can remember, yeah.</p> <p>19 Q. And to be clear, you didn't</p> <p>20 undertake to -- any document identification or</p> <p>21 collection activities prior to Akron reaching</p> <p>22 out to you?</p> <p>23 A. Uh-huh.</p> <p>24 THE NOTARY: I'm sorry?</p> <p>25 A. I said no. I'm sorry.</p>
<p style="text-align: right;">Page 23</p> <p>1 conversations you had with counsel present, but</p> <p>2 can I ask, was counsel present for that</p> <p>3 meeting?</p> <p>4 A. There was a representative there,</p> <p>5 but it was not any of these ladies.</p> <p>6 Q. Was it a representative of an</p> <p>7 outside law firm?</p> <p>8 A. Yes.</p> <p>9 Q. Was there anybody present from the</p> <p>10 Summit County Law Department?</p> <p>11 A. Yes. Wait. Law department, yeah,</p> <p>12 John Galonski, yes.</p> <p>13 Q. And anybody there from the City of</p> <p>14 Akron Law Department?</p> <p>15 A. Yes.</p> <p>16 Q. And I understand there were a</p> <p>17 number of other municipalities --</p> <p>18 A. Correct.</p> <p>19 Q. -- that were involved early in the</p> <p>20 lawsuit. Were they represented at this meeting</p> <p>21 as well?</p> <p>22 A. Yes, but I couldn't tell you if</p> <p>23 they were all law directors though.</p> <p>24 Q. And just to capture what I think I</p> <p>25 heard from you about the timing of all this,</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. I want to follow up very quickly</p> <p>2 on -- you mentioned Akron used to have its own</p> <p>3 health department --</p> <p>4 A. Correct.</p> <p>5 Q. -- and then there was a merger?</p> <p>6 A. Right.</p> <p>7 Q. Give me just a quick background of</p> <p>8 when that was?</p> <p>9 A. Actually, in Summit County, the</p> <p>10 three health -- there is two city health</p> <p>11 departments and a county health department. It</p> <p>12 would have been in October of 2010 we picked</p> <p>13 up -- the City of Barberton Health Department</p> <p>14 joined, and then in January of 2011, we picked</p> <p>15 up Akron Health Department. So we became one</p> <p>16 combined general health district.</p> <p>17 Q. And so your testimony earlier was</p> <p>18 that when you were contacted by Akron in mid</p> <p>19 2017, can you let me know who it was</p> <p>20 specifically who contacted you?</p> <p>21 A. Yeah, if I could think of his name.</p> <p>22 One of their attorneys, Isham.</p> <p>23 MS. KEARSE: And I'm going to</p> <p>24 object if this is an attorney communications</p> <p>25 with that.</p>

<p style="text-align: right;">Page 26</p> <p>1 MR. NAEEM: And the identity of the</p> <p>2 person, can we just ask about the identity of</p> <p>3 the person?</p> <p>4 A. I'd have to think of his name, but</p> <p>5 I --</p> <p>6 Q. That's his first name?</p> <p>7 A. I think it was Isham.</p> <p>8 Q. But it was somebody from the Akron</p> <p>9 Law Department --</p> <p>10 A. Correct.</p> <p>11 Q. -- to your knowledge, that</p> <p>12 contacted you?</p> <p>13 A. Correct. Well, I should say that</p> <p>14 was after. Initially, that request came to our</p> <p>15 fiscal officer to collect information about</p> <p>16 costs, and then he followed up with me, to ask</p> <p>17 if we could do it.</p> <p>18 Q. Who is the fiscal officer?</p> <p>19 A. Angela Burgess.</p> <p>20 Q. Angela Burgess?</p> <p>21 MS. KEARSE: Again, if those were</p> <p>22 communications by a lawyer or counsel, that</p> <p>23 that is privileged.</p> <p>24 Q. And the fiscal officer, Angela</p> <p>25 Burgess, is that a Summit County position or is</p>	<p style="text-align: right;">Page 28</p> <p>1 Were you the -- were you the person</p> <p>2 at Summit County Public Health that was</p> <p>3 responsible for ensuring that employees of that</p> <p>4 agency were maintaining emails for the lawsuit?</p> <p>5 A. I'm not sure I understand what you</p> <p>6 are saying.</p> <p>7 Q. Let me --</p> <p>8 A. We have a record retention policy.</p> <p>9 Q. That's something that has been in</p> <p>10 effect --</p> <p>11 A. Oh, yeah.</p> <p>12 Q. -- prior to you?</p> <p>13 THE NOTARY: Let him finish the</p> <p>14 question, please.</p> <p>15 Q. How long has that record retention</p> <p>16 policy, the current version in effect, how long</p> <p>17 has that been in effect?</p> <p>18 A. Since, well, five, six years at</p> <p>19 least. The records, I'm trying to -- they did</p> <p>20 change the rules for record retention in the</p> <p>21 State of Ohio, having a records commission, and</p> <p>22 that was probably five or six years ago.</p> <p>23 Q. So the change in the State of Ohio</p> <p>24 policy dictated the current version that's in</p> <p>25 effect?</p>
<p style="text-align: right;">Page 27</p> <p>1 that a Summit County Public Health position?</p> <p>2 A. Summit County Public Health</p> <p>3 position.</p> <p>4 Q. So someone from Akron reaches out</p> <p>5 to Ms. Burgess, and then is that in mid 2017</p> <p>6 time frame we are still talking about?</p> <p>7 A. Yeah. I think it was, yeah.</p> <p>8 Q. Do you recall when the lawsuit was</p> <p>9 filed?</p> <p>10 A. I want to say November, December of</p> <p>11 2017, maybe.</p> <p>12 Q. And prior to the lawsuit being</p> <p>13 filed -- well, strike that. Let me ask it</p> <p>14 again.</p> <p>15 Between mid 2017, the first time</p> <p>16 you were notified about the lawsuit, until that</p> <p>17 November, December 2017 time frame when the</p> <p>18 lawsuit was filed, and I have it here, we can</p> <p>19 show you the date, it's not important at this</p> <p>20 point, but if you want to look at it, let me</p> <p>21 know, did you undertake to collect any</p> <p>22 documents regarding the opioid crisis?</p> <p>23 A. No.</p> <p>24 Q. When was the -- when was the first</p> <p>25 time -- well, strike that.</p>	<p style="text-align: right;">Page 29</p> <p>1 A. Uh-huh.</p> <p>2 Q. And that's dictated to your agency</p> <p>3 by State of Ohio law?</p> <p>4 A. Yes.</p> <p>5 Q. Do you recall what that change was</p> <p>6 five or six years ago?</p> <p>7 A. No.</p> <p>8 Q. Are you familiar with the record</p> <p>9 retention policy generally?</p> <p>10 A. Yes.</p> <p>11 Q. Do you know how long emails are to</p> <p>12 be maintained?</p> <p>13 A. No.</p> <p>14 Q. Do you know generally, is there any</p> <p>15 time requirement with respect to records, any</p> <p>16 records, are to be maintained?</p> <p>17 A. Yes. It depends on what they are.</p> <p>18 Some are 50 years, some are until the child</p> <p>19 turns 21. They are -- we have a records</p> <p>20 schedule, and they are all maintained according</p> <p>21 to that.</p> <p>22 Q. Financial records, do you know how</p> <p>23 long those are to be maintained?</p> <p>24 A. Seven years.</p> <p>25 Q. And what was Summit County's policy</p>

<p style="text-align: right;">Page 30</p> <p>1 prior to this revision with respect to 2 financial records being maintained, do you 3 recall? 4 A. Yes. We kept everything. 5 Q. So, and I'm assuming you use that 6 kind of euphemistically, but basically -- 7 A. We just kept everything and didn't 8 get rid of anything until we were told we were 9 allowed to establish a schedule and start 10 getting rid of. 11 Q. All right. And so was that that 12 five or six years ago that now you had that 13 policy that some things would be allowed to be 14 destroyed and some things would continue to 15 have to be maintained pursuant to that 16 schedule? 17 A. Correct. We got clarification on 18 what that was. 19 Q. Did Summit County Public Health 20 maintain those records, and I want to go 21 through the list a little bit, but with respect 22 to financial, for example, were those 23 maintained electronically or in hard copy? 24 A. Both. 25 Q. The hard copy, were they maintained</p>	<p style="text-align: right;">Page 32</p> <p>1 they were maintained, if those -- 2 A. 1867 West Market Street. 3 Q. Is that Summit County's 4 headquarters -- 5 A. Our public health. 6 Q. -- public health headquarters? 7 A. Yes. 8 Q. Who would you talk to within your 9 agency to look for and identify those records? 10 A. Stephen Nemecek. 11 Q. Can you spell the last name. 12 A. N-E-M-E-C-E-K. 13 Q. And what is his title with Summit 14 County Public Health? 15 A. He is actually a paralegal, and he 16 does our record retention. 17 Q. So would he be the person you would 18 speak to regarding any category of records with 19 respect to do they exist and where are they? 20 A. Yes. 21 Q. How long has he been with Summit 22 County Public Health? 23 A. Three years, four years maybe. 24 Q. And was he hired specifically with 25 respect -- strike that.</p>
<p style="text-align: right;">Page 31</p> <p>1 on site or were they sent out for storage? 2 A. On site. 3 Q. Do you know if those records still 4 resist -- I'm sorry, still exist? 5 A. Some do, others have been 6 destroyed. 7 Q. And how far back do those records 8 go currently, the existing records? 9 A. It depends on what record it is. 10 We are required to keep air monitoring records 11 for, I think, a hundred years, so some of them 12 are very old. 13 Q. So let's just -- let's just right 14 now talk about the financial records, which you 15 told me are now currently required to be 16 maintain for seven years? 17 A. I believe seven years. 18 Q. So certainly Summit County Public 19 Health is maintaining seven years of financial 20 records? 21 A. Yes. 22 Q. Are you maintaining records that go 23 further back than seven years? 24 A. I couldn't be sure about that. 25 Q. Where would those records be if</p>	<p style="text-align: right;">Page 33</p> <p>1 At the time he was hired, record 2 retention, was that one of the things that he 3 were responsible for from the date of hire? 4 A. No, it was not. 5 Q. Was there somebody else prior to 6 Mr. Nemecek who was responsible for the record 7 retention? 8 A. It was sort of -- it was 9 administration that handled it, all of the 10 records that were retained, but I don't believe 11 there was a specific person. 12 Q. And again, administration for 13 Summit County Public Health? 14 A. Correct. 15 Q. Which is kind of a group under the 16 umbrella that you are responsible for the 17 administration? 18 A. Yes. 19 Q. I want to call it department, but I 20 don't want to use a word that doesn't actually 21 appear -- 22 A. Yes. 23 Q. -- on an org chart? 24 A. Administration. 25 Q. Who would you go to at Summit</p>

<p style="text-align: right;">Page 34</p> <p>1 County Public Health administration if you had 2 questions regarding records retention that 3 preceded Mr. Nemecek's employment? 4 A. Heather Pierce, P-I-E-R-C-E. 5 Q. Now, when you were advised of the 6 lawsuit in 2017, and when you were ultimately 7 asked to identify and collect documents for the 8 litigation, did you work with Mr. Nemecek and 9 Mr. Pierce for that purpose? 10 A. Yes. Well, it was Stephen, and 11 Heather is the girl, Heather Pierce, and our 12 attorney, and also Brenda Pickle, who is my 13 administrative assistant, and our IT 14 individual, Eddie Mink. 15 Q. Okay. When did you direct 16 Mr. Nemecek, Ms. Pierce, Mr. Mink, Ms. Pickle 17 to begin collecting documents for this 18 litigation? 19 A. When we received the request. 20 THE VIDEOGRAPHER: Off the record? 21 MR. NAEEM: Yes. Let's go off the 22 record. 23 THE VIDEOGRAPHER: Off the record 24 at 9:26. 25 (Pause.)</p>	<p style="text-align: right;">Page 36</p> <p>1 request sent to you by outside counsel? 2 A. After we signed a contract and 3 hired them, yes. 4 Q. And the contract was signed when? 5 A. January, February. 6 Q. And again, just to be clear so the 7 record is clear, that was a contract with your 8 outside counsel to represent Summit County in 9 this lawsuit? 10 A. Summit County Public Health, 11 correct. 12 Q. And which law firm was it you 13 signed the contract with? 14 A. I think there was -- it was a 15 group. I was Motley Rice, with a subsidiary of 16 Brennan Diamond helping locally. 17 Q. So you signed a contract, there is 18 a request to collect documents, and then you 19 meet with some of the names we talked about to 20 go ahead and collect documents, yes? 21 A. Yes. 22 Q. One of the things -- well, strike 23 that. Let me ask it. 24 Did you collect financial records, 25 and when I say you, I mean your agency, or at</p>
<p style="text-align: right;">Page 35</p> <p>1 THE VIDEOGRAPHER: On the record, 2 9:27. 3 Q. Ms. Skoda, we took a very, very 4 short break off the record, and what we were 5 talking about before we did was Summit County 6 Public Health's collection of records for the 7 lawsuit, and you had identified a number of 8 names of folks who were involved in those 9 efforts from your agency. 10 MS. KEARSE: I'm going to just 11 object. I don't think it was specific to the 12 lawsuit. You were asking general questions 13 about record retention. 14 Q. My question had been, shortly 15 before we went on the break, was when did you 16 have these folks begin collecting records, and 17 you said it was when you got the request. 18 A. Correct, because we -- 19 Q. Well, I was going to ask, when was 20 that request? 21 A. I'm not 100 percent sure. I'm 22 going to say early 18. 23 Q. And again, I don't want to know 24 anything about the contents of the 25 communication. I just want to know, was that</p>	<p style="text-align: right;">Page 37</p> <p>1 your direction, were financial records 2 collected? 3 A. Yes. 4 Q. And as we sit here today, do you 5 know whether there were records that were -- 6 financial records that were collected that are 7 older than seven years old? 8 A. No. 9 Q. You don't know? 10 A. I don't know. 11 Q. Was budget information for Summit 12 County Public Health one of the things you 13 asked for? 14 A. Yes, but let me -- I want to 15 clarify a minute. We were asked for the budget 16 information for the City of Akron. We then 17 collected additional documents that were 18 requested. We dumped all of our emails. 19 Everything we possibly had, we gave up, that we 20 had in our possession, that was of value, I 21 think, to whomever wanted to review it. 22 I cannot be 100 percent sure that 23 we looked at those financial documents again, 24 once we gave that information. 25 Q. Okay. So let me see if I</p>

<p style="text-align: right;">Page 38</p> <p>1 understand what you just said. At some point, 2 you get the request, and you and the folks that 3 work for Summit County Public Health go looking 4 for what has been asked for? 5 A. Correct. 6 Q. You don't specifically review those 7 documents to see should I or shouldn't I 8 produce it, you just give them whole categories 9 of documents? 10 A. Correct. 11 Q. So one of those categories is 12 financial records, but you don't know 13 specifically what is contained in those 14 documents that were produced? 15 A. Correct. 16 Q. The financial documents, were they 17 hard copy, were they electronic, were they 18 both? 19 A. Probably both. 20 Q. With respect to employees of Summit 21 County Public Health, were there -- were you 22 responsible for identifying people who would 23 have some knowledge about this opioid crisis 24 and collecting their electronic or hard copy 25 documents?</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. Do you know who was Ms. Edward's 2 predecessor? 3 A. Carol Boze, and I believe it is 4 B-O-S-E, or it might be Z. 5 Q. And how long did Ms. Boze have the 6 position prior to Ms. Edwards? 7 A. Well, I don't know that, because 8 that's when the merger happened, and she came 9 over with the merger. So she was probably 10 employed by us for about a year or two, and 11 then she retired. Prior to service at Akron, I 12 don't know. 13 Q. If you had to try to get employment 14 records for folks that were with Akron prior to 15 the merger, who would you talk to? 16 A. City of Akron personnel. 17 Q. Is there anybody in particular you 18 would call? 19 A. Unfortunately, they have all 20 retired. I don't know anyone there now. 21 Q. So going back to the collection of 22 documents, Ms. Pollard, who is the assistant 23 director of alcohol and other drug services, so 24 if I say AOD -- 25 A. Yes.</p>
<p style="text-align: right;">Page 39</p> <p>1 A. Jackie Pollard, P-O-L-L-A-R-D, is 2 our assistant director for our alcohol and 3 other drug services. So Jackie was involved 4 with collecting any information that was, 5 should I say, treatment or programmatically 6 focused. 7 Q. How long has Jackie, Ms. Pollard, 8 been employed by Summit County Public Health? 9 A. About a year. 10 Q. Who was her predecessor? 11 A. Yvette Edwards. Common spelling. 12 Q. And how long was she in that 13 position, Ms. Edwards? 14 A. Two years, two to three years. 15 Q. Is she still employed, in any 16 capacity, by any Summit County government 17 entity? 18 A. No. 19 Q. Do you know, does she still live in 20 the area? 21 A. I am not sure, to be quite honest 22 with you. 23 Q. Have you spoken with her about this 24 lawsuit? 25 A. No.</p>	<p style="text-align: right;">Page 41</p> <p>1 Q. -- services; is that accurate? 2 A. Yes. 3 Q. Ms. Pollard, who is an assistant 4 director of AOD services, you relied on her to 5 identify the people and programs who would have 6 relevant information to this lawsuit? 7 A. Correct. 8 Q. And did you supervise her in any 9 way or just tell her, explain it to her and 10 tell her to take responsibility for it? 11 A. She completed that task. I did not 12 direct her work. 13 Q. Did she communicate directly with 14 the lawyers then, with respect to what 15 existed -- and this is to your knowledge, what 16 existed and what needed to be produced? 17 A. No. Actually, we compiled 18 everything and then submitted it as one, sort 19 of, pile, big pieces of information. 20 Q. And that pile you turned over, was 21 some of it electronic and some of it hard copy? 22 A. I believe so. 23 Q. In addition to financial records, 24 do you know whether any records, any 25 patient-specific records were collected and</p>

<p style="text-align: right;">Page 42</p> <p>1 turned over?</p> <p>2 A. Not to my knowledge.</p> <p>3 Q. Now, Summit County Public Health</p> <p>4 does provide some services to clients, to</p> <p>5 patients? I don't know what word you would be</p> <p>6 comfortable using but --</p> <p>7 A. Yes.</p> <p>8 Q. And I want to focus this deposition</p> <p>9 as much as possible just on substance abuse,</p> <p>10 generally, and opioids specifically. So, you</p> <p>11 know, child services or anything else, that</p> <p>12 doesn't relate to -- I'm going to try not to</p> <p>13 ask about that, otherwise, we would be here</p> <p>14 forever, right? I know Anne would love to be</p> <p>15 here forever, but we are going to try to keep</p> <p>16 it narrow.</p> <p>17 MS. KEARSE: I have been here</p> <p>18 forever.</p> <p>19 MR. NAEEM: We're just getting</p> <p>20 started.</p> <p>21 Q. Are there clients or patients that</p> <p>22 Summit County Public Health provides substance</p> <p>23 abuse services to?</p> <p>24 A. Yes.</p> <p>25 Q. And what are those services?</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. That's more of an employment --</p> <p>2 A. Correct. It is it is an employment</p> <p>3 relationship.</p> <p>4 Q. Sure. You said with respect to the</p> <p>5 medication-assisted treatment, I noted you said</p> <p>6 you don't use Suboxone. How long has that</p> <p>7 medication-assisted treatment program been in</p> <p>8 existence with Summit County Public Health?</p> <p>9 A. Six months.</p> <p>10 Q. And who designed that program? Is</p> <p>11 there somebody within Summit County generally,</p> <p>12 a clinical officer, is it a different</p> <p>13 department, who is -- who designed that</p> <p>14 program?</p> <p>15 A. We have a medical director. We</p> <p>16 follow the practice guidelines that are given</p> <p>17 to us by the alcohol, drug, mental health</p> <p>18 board, as well as the Ohio State Mental Health</p> <p>19 Addiction Services. So when we designed that</p> <p>20 program, we did it in respect, I believe the</p> <p>21 acronym is OMAS, Ohio State -- but it's the</p> <p>22 group that sets the criteria to provide</p> <p>23 medication-assisted treatment.</p> <p>24 So it was done, those protocols</p> <p>25 were established in relationship to best</p>
<p style="text-align: right;">Page 43</p> <p>1 A. We have intensive outpatient</p> <p>2 treatment, we have counseling, we have</p> <p>3 education classes, services, we also provide</p> <p>4 naloxone training, needle exchange,</p> <p>5 medication-assisted treatment, only with</p> <p>6 Vivitrol. We don't use Suboxone at all.</p> <p>7 And we also address some of their</p> <p>8 social needs, by trying to make sure they have</p> <p>9 housing and food, we do vaccine, we do</p> <p>10 communicable disease testing, HIV, hep C.</p> <p>11 Q. And with respect to, again,</p> <p>12 collection of documents, Ms. Pollard would have</p> <p>13 been the person responsible for identifying</p> <p>14 what documents, perhaps, in these services</p> <p>15 should be collected and produced?</p> <p>16 A. Correct.</p> <p>17 Q. Just following up on a few of the</p> <p>18 things you mentioned with respect to the</p> <p>19 patient-specific services, are any of those</p> <p>20 services contracted out, or are those all</p> <p>21 performed by Summit County Public Health?</p> <p>22 A. They are all provided by us. The</p> <p>23 only contract in any of that is we do have a</p> <p>24 contract nurse practitioner, but she works for</p> <p>25 Summit County Public Health.</p>	<p style="text-align: right;">Page 45</p> <p>1 practice with our ADM board. They employ a</p> <p>2 psychiatrist, Doug Smith, and Dr. Smith and</p> <p>3 Jerry Craig were instrumental in helping us</p> <p>4 establish that program, clinically.</p> <p>5 Q. Jerry Craig is also an ADM's board</p> <p>6 employee?</p> <p>7 A. He is their executive director.</p> <p>8 Q. Dr. Smith -- and is it Mr. Craig or</p> <p>9 Dr. Craig?</p> <p>10 A. Mr.</p> <p>11 Q. Have they been with the ADM board</p> <p>12 for at least as long as you have been the</p> <p>13 health commissioner for Summit County --</p> <p>14 A. Yes.</p> <p>15 Q. -- Public Health? Okay.</p> <p>16 Now, with respect to the</p> <p>17 medical-assisted treatment, you mentioned that</p> <p>18 there were some state-level criteria that were</p> <p>19 used to design that program, there was some</p> <p>20 consultation with the Summit County ADM board?</p> <p>21 A. Correct.</p> <p>22 Q. And then you mentioned a medical</p> <p>23 director. Is that a Summit County Public</p> <p>24 Health medical director?</p> <p>25 A. Yes, our medical director.</p>

<p style="text-align: right;">Page 46</p> <p>1 Q. And who is that?</p> <p>2 A. Erica Sobolewski,</p> <p>3 S-O-B-O-L-E-W-S-K-I. Sobolewski.</p> <p>4 Q. How long has had she been with</p> <p>5 Summit County Public Health?</p> <p>6 A. Eight months, nine months.</p> <p>7 Q. Who was her predecessor?</p> <p>8 A. Margo Erme, E-R-M-E.</p> <p>9 Q. Dr. Sobolewski, did I pronounce</p> <p>10 that correct?</p> <p>11 A. Yes.</p> <p>12 Q. What is her medical specialty, if</p> <p>13 you are aware?</p> <p>14 A. Family practice.</p> <p>15 Q. And Dr. Erme, did I pronounce that</p> <p>16 correctly?</p> <p>17 A. Correct.</p> <p>18 Q. What was her medical -- or what is</p> <p>19 her medical specialty?</p> <p>20 A. She was an ER physician.</p> <p>21 Q. All right. So State of Ohio, ADM</p> <p>22 board, your medical director were responsible</p> <p>23 for designing this medical-assisted treatment</p> <p>24 program which has been in existence for about</p> <p>25 six months, correct?</p>	<p style="text-align: right;">Page 48</p> <p>1 that.</p> <p>2 Q. Is there currently, as the program</p> <p>3 is in effect, is there an outer number of</p> <p>4 patients that your agency is allowed to provide</p> <p>5 services to?</p> <p>6 A. I'm not sure. An outer number?</p> <p>7 Q. Yeah. So if we were to put the</p> <p>8 funding issues aside and you had unlimited</p> <p>9 resources, could you provide medical-assisted</p> <p>10 treatment to any patient who came into the</p> <p>11 agency for those services?</p> <p>12 A. Vivitrol, yes. There are not the</p> <p>13 restrictions there are on Suboxone.</p> <p>14 Q. And Suboxone has the limit on the</p> <p>15 number of patients that can be treated at one</p> <p>16 time?</p> <p>17 A. Yes.</p> <p>18 Q. How many is that for Suboxone?</p> <p>19 A. They were talking about raising it</p> <p>20 in Ohio, but it is not very much. I don't know</p> <p>21 the exact number now.</p> <p>22 Q. Is it somewhere in the 1 to 20</p> <p>23 range?</p> <p>24 A. Oh, no. I would say it's somewhere</p> <p>25 between 50 to a hundred.</p>
<p style="text-align: right;">Page 47</p> <p>1 A. Correct.</p> <p>2 Q. Why was the decision made not to</p> <p>3 use Suboxone?</p> <p>4 A. We felt, starting out, we needed to</p> <p>5 start slowly, and start to develop the program,</p> <p>6 make sure we had good protocols in place, and</p> <p>7 we were able to be successful with the Vivitrol</p> <p>8 administration, and then we would move into</p> <p>9 other medications.</p> <p>10 Q. So it's not something that was a</p> <p>11 refusal --</p> <p>12 A. No.</p> <p>13 Q. -- to consider Suboxone, it's just</p> <p>14 part of the normal rollout of this program?</p> <p>15 A. Correct.</p> <p>16 Q. How many patients, if you are</p> <p>17 aware, has Summit County Public Health provided</p> <p>18 services to, medical-assisted treatment</p> <p>19 services, in the six months the program has</p> <p>20 been in effect?</p> <p>21 A. I believe, in order for us to be</p> <p>22 certified and to work through the state</p> <p>23 guidelines, we had to do an initial, sort of,</p> <p>24 test group of patients, I believe those were</p> <p>25 somewhere between six and ten, and we completed</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. So each clinic has a limit on the</p> <p>2 amount of patients they are able to --</p> <p>3 A. Initially --</p> <p>4 THE NOTARY: Wait a minute, please.</p> <p>5 Let him finish the question. "So each clinic</p> <p>6 has a limit on the number of" --</p> <p>7 Q. -- patients that can be treated</p> <p>8 with Suboxone at any one time?</p> <p>9 A. Yes.</p> <p>10 Q. But Vivitrol does not have those</p> <p>11 same restrictions?</p> <p>12 A. Correct.</p> <p>13 Q. So Summit County Public Health has</p> <p>14 treated, you said, between six and ten</p> <p>15 patients?</p> <p>16 A. I believe so.</p> <p>17 Q. And has -- is there some sort of</p> <p>18 review before that program can be expanded?</p> <p>19 A. No. I think we had to complete</p> <p>20 those patients, complete the protocols, and</p> <p>21 then we now can move on.</p> <p>22 Q. Beyond that initial set of six to</p> <p>23 ten patients, has Summit County Public Health</p> <p>24 provided any medication-assisted treatment to</p> <p>25 other patients?</p>

<p style="text-align: right;">Page 50</p> <p>1 A. I'm not sure.</p> <p>2 Q. Is Dr. Sobolewski in charge of</p> <p>3 administering the program, specifically</p> <p>4 providing services to the patients?</p> <p>5 A. She is the medical director, so she</p> <p>6 has oversight on that program.</p> <p>7 Q. She works with some of the staff</p> <p>8 from Summit County Public Health?</p> <p>9 A. Yes. A nurse practitioner as well</p> <p>10 as public health nurses.</p> <p>11 Q. Now, does Summit County Public</p> <p>12 Health maintain treatment records for the</p> <p>13 patients that receive medication-assisted</p> <p>14 treatment?</p> <p>15 A. Yes.</p> <p>16 Q. So she treats them just as if they</p> <p>17 were a patient coming into her private practice</p> <p>18 office?</p> <p>19 A. Correct.</p> <p>20 Q. And where does -- Dr. Sobolewski,</p> <p>21 does she work full time for Summit County</p> <p>22 Public Health?</p> <p>23 A. Part time.</p> <p>24 Q. Does she provide treatment at her</p> <p>25 office, or does she provide for agency</p>	<p style="text-align: right;">Page 52</p> <p>1 program?</p> <p>2 A. No.</p> <p>3 Q. That's done by somebody else at</p> <p>4 Summit County Public Health?</p> <p>5 A. Yes.</p> <p>6 Q. Who is responsible for --</p> <p>7 A. Jackie Pollard.</p> <p>8 Q. And what kind of records does</p> <p>9 Summit County Public Health maintain regarding</p> <p>10 that program?</p> <p>11 A. Limited. If you're familiar with</p> <p>12 syringe exchange programs, they are done</p> <p>13 anonymously. Therefore, everybody is given a</p> <p>14 patient ID number, and the records that are</p> <p>15 maintained are all tied to a patient record</p> <p>16 number, but we have no idea as to the identity</p> <p>17 of that person, unless they would choose to</p> <p>18 seek treatment with us, then we may know their</p> <p>19 identity.</p> <p>20 And then, so there is a sign-in</p> <p>21 sheet and the number of needles returned and</p> <p>22 given, and that would -- that's about all that</p> <p>23 we keep.</p> <p>24 Q. Is that something that Summit</p> <p>25 County Public Health employees are trained to</p>
<p style="text-align: right;">Page 51</p> <p>1 patients -- does she provide the treatment at</p> <p>2 her office, or does it happen at one of your</p> <p>3 clinics?</p> <p>4 A. It happens at Summit County Public</p> <p>5 Health, our clinics.</p> <p>6 Q. So with respect to those treatment</p> <p>7 records, would they be maintained in the files</p> <p>8 of Summit County Public Health?</p> <p>9 A. Yes.</p> <p>10 Q. One of the programs you also</p> <p>11 mentioned was needle exchange.</p> <p>12 A. Correct.</p> <p>13 Q. Is that -- well, strike that. Let</p> <p>14 me just ask.</p> <p>15 How long has Summit County Public</p> <p>16 Health been administering that program?</p> <p>17 A. I'm going to say at least a year,</p> <p>18 maybe a little longer. It's when the law</p> <p>19 changed, and I can't remember exactly when the</p> <p>20 law changed that allowed public health</p> <p>21 districts to do syringe exchange programs.</p> <p>22 Q. And that is a Summit County Public</p> <p>23 Health administered program?</p> <p>24 A. Yes.</p> <p>25 Q. Does Dr. Sobolewski run that</p>	<p style="text-align: right;">Page 53</p> <p>1 do, which is offer treatment services?</p> <p>2 A. Oh, yes.</p> <p>3 Q. And this needle exchange program</p> <p>4 has been in effect for, you said, a year --</p> <p>5 A. Year and a half maybe.</p> <p>6 Q. -- a little more maybe?</p> <p>7 A. It may have been 16. It may have</p> <p>8 been 16. They changed the rule. As soon as</p> <p>9 they changed the rule, we started with it.</p> <p>10 Q. Are those services provided at the</p> <p>11 clinic or clinics, or are there other sites</p> <p>12 where the needle exchange is done?</p> <p>13 A. It has expanded. There is such a</p> <p>14 need, that we had to go to a second site. So</p> <p>15 we are now using a second site.</p> <p>16 Q. And with respect to the funding for</p> <p>17 the needle exchange, is that funded entirely</p> <p>18 through Summit County Public Health revenue or</p> <p>19 its budget or does it come from outside</p> <p>20 sources?</p> <p>21 A. Both.</p> <p>22 Q. Roughly, if you can tell me, what</p> <p>23 percentage is funded directly by Summit County</p> <p>24 Public Health and what percentage is funded</p> <p>25 through outside sources?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. I would say probably we have 2 contributed 20 percent, and the rest would be 3 outside sources. 4 Q. And the outside sources, at least 5 at a general level, I don't need the specifics, 6 if it's a specific foundation or a specific 7 grant name, I don't need to know, but what are 8 the sources of the outside revenue, at a high 9 level? 10 A. State of Ohio, United Way, as well 11 as the alcohol, drug and mental health board. 12 Q. Okay. I'm working backwards from 13 the list you gave me. So one of the other 14 services that your agency, you said, provides 15 with respect to substance abuse and/or opioid 16 services is naloxone training? 17 A. And distribution. 18 Q. Okay, and I was going to ask that, 19 because I either didn't write it down or you 20 didn't say it. So there are two facets of the 21 naloxone. There is the training for people, 22 how to use, and then there is the distribution 23 of the kits; is that correct? 24 A. Correct. 25 Q. Now same question that I asked with</p>	<p style="text-align: right;">Page 56</p> <p>1 Q. Does Dr. Sobolewski have any 2 oversight or provide any consultation? 3 A. Yes. Because it is a prescription 4 medication, she signs the prescriptions. 5 Q. I assume -- well, strike that. 6 I'm not going to assume anything, 7 and I'm not even going to ask that question. 8 How many, if you know, naloxone 9 kits have been distributed by Summit County 10 Public Health in the two years or so that the 11 program has been in existence? 12 A. I can take a rough guesstimate. 13 About at least over a thousand to 1500, if you 14 include law enforcement. 15 Q. Does your agency track how many of 16 those have actually been used? 17 A. Yes. If individuals tell us. 18 Q. And that would -- individuals being 19 the first responders, or would it be the -- 20 A. Well, not first responders, if you 21 are talking about -- we train only the police. 22 We do not train -- paramedics have their own 23 supply they have used for years. 24 We give it to police. They do 25 not -- they come back and get refills, we can</p>
<p style="text-align: right;">Page 55</p> <p>1 respect to the needle exchange, how much of the 2 funding for the entire program, whether it is 3 supplies or training, comes from your agency's 4 budget and how much comes from outside sources? 5 A. Probably, again, it's a small 6 percentage from our budget. I would say 10 to 7 15 percent, and the remaining amount would be 8 from outside sources. 9 Q. And those sources are generally the 10 same as the ones you mentioned for the needle 11 exchange program? 12 A. With the addition of OMAS, Ohio 13 Mental Health and Addiction Services. They 14 have purchased most of the Narcan. They have 15 given the naloxone to us. 16 Q. How long has the naloxone program, 17 and I want to focus on the distribution of 18 the -- they call them Narcan kits? 19 A. Yes. 20 Q. Yeah. How long has Summit County 21 Public Health been distributing those kits? 22 A. Probably two years. 23 Q. Currently, is Ms. Pollard also 24 responsible for that program? 25 A. Yes.</p>	<p style="text-align: right;">Page 57</p> <p>1 give them additional, and we track that. 2 We have community members, family 3 members, that will come back and say they used 4 it. So we then get replacement kits. That 5 data we keep. 6 Q. Is it a situation where you find, 7 and I'm following up, kind of, on the example 8 you gave me, where the same family members are 9 coming in for more kits for the same family 10 member who is abusing opioids? 11 A. I couldn't honestly say that. 12 Q. Has there been any situations in 13 the last two years, with respect to the Narcan, 14 that Summit County Public Health has been 15 unable to obtain the amount of kits that it was 16 seeking to distribute? 17 A. When we first started doing it, it 18 was reasonably priced, and then the price took 19 off. It got a lot more expensive. So we had 20 to look for additional resources to be able to 21 keep purchasing it. 22 Q. Was there a point in time where 23 essentially your agency ran out of kits to 24 distribute? 25 A. No.</p>

<p style="text-align: right;">Page 58</p> <p>1 Q. Moving again up, backwards from the</p> <p>2 list you gave me, education is another service,</p> <p>3 substance abuse service provided by your agency</p> <p>4 that you told me about. What generally are</p> <p>5 those services?</p> <p>6 A. You are referring to the alcohol</p> <p>7 other drug?</p> <p>8 Q. Any substance abuse, and I don't</p> <p>9 need to know the specifics, and I'll follow up</p> <p>10 if I do, but generally, could you give me an</p> <p>11 overview of the type of education provided by</p> <p>12 your agency on substance abuse?</p> <p>13 A. We provide any number of program</p> <p>14 areas in relationship to identification, how do</p> <p>15 we help families be successful in the treatment</p> <p>16 of addiction, a chronic disease. We help</p> <p>17 families and individuals come to terms with the</p> <p>18 fact that this is a chronic disease and that it</p> <p>19 will need a lifetime of interventions.</p> <p>20 We work with individuals on how to</p> <p>21 be successful in the employment, how to get</p> <p>22 information to them about training programs.</p> <p>23 Many of the individuals that we serve have been</p> <p>24 entangled with the criminal justice system, so</p> <p>25 they often have some things they have to</p>	<p style="text-align: right;">Page 60</p> <p>1 that area, but Akron had -- was much larger,</p> <p>2 had many buildings we had to assume, fleet</p> <p>3 cars, there were a lot -- and there were some</p> <p>4 programs that we didn't do and we had to</p> <p>5 assume. So it was a much more difficult</p> <p>6 merger.</p> <p>7 Q. So prior to 2011, based on what you</p> <p>8 had said about education programs, it sounds</p> <p>9 like Summit County Public Health wasn't doing</p> <p>10 substance abuse education programs?</p> <p>11 A. No, we were not. No.</p> <p>12 Q. No.</p> <p>13 A. Excuse me.</p> <p>14 Q. Why was that? Was it a coordinated</p> <p>15 division of labor --</p> <p>16 A. Yes.</p> <p>17 Q. -- between local agencies?</p> <p>18 A. Yes.</p> <p>19 Q. And Akron was responsible for the</p> <p>20 substance abuse education?</p> <p>21 A. Yes.</p> <p>22 Q. What dictated the merger of these</p> <p>23 health districts in 2010 and 2011?</p> <p>24 A. At the state level, there is a push</p> <p>25 for health districts to merge, to some extent,</p>
<p style="text-align: right;">Page 59</p> <p>1 straighten out in order to be successful in</p> <p>2 treatment, but, for the most part, a lot of our</p> <p>3 education focuses on understanding the need for</p> <p>4 long-term solutions to addiction.</p> <p>5 Q. Now, the education services you</p> <p>6 described, is that something that Summit County</p> <p>7 Public Health has been doing for more than ten</p> <p>8 years?</p> <p>9 A. We haven't, as we didn't have that</p> <p>10 program until we merged. So we have only been</p> <p>11 doing it since we merged, which would have been</p> <p>12 11. So we have been doing seven years.</p> <p>13 Q. All right. So let me follow up and</p> <p>14 try to understand how your agency has changed</p> <p>15 since the merger. And essentially, what you</p> <p>16 are talking about, you mentioned Barberton in</p> <p>17 2010, but it sounds as if you are really</p> <p>18 focusing more on the 2011 merger with Akron's</p> <p>19 health department?</p> <p>20 A. That was the largest. Barberton</p> <p>21 had a small number of employees that were easy</p> <p>22 to integrate. It was a community of about</p> <p>23 20,000 people. So it wasn't as difficult to</p> <p>24 bring them to join with us, and we had had</p> <p>25 Barberton prior, we have done a lot of work in</p>	<p style="text-align: right;">Page 61</p> <p>1 to save resources.</p> <p>2 The other issue locally was the</p> <p>3 City of Akron was at a point where they had</p> <p>4 lost their health director. Their city charter</p> <p>5 needed a board certified prevention specialist</p> <p>6 physician to take that role on, and that was</p> <p>7 difficult, to find that person to assume the</p> <p>8 role as a health director.</p> <p>9 Also they had -- they were looking,</p> <p>10 the mayor, at that time, was Mayor Plusquellic,</p> <p>11 and he was looking for cost savings, and he was</p> <p>12 looking for efficiencies. So as it was</p> <p>13 being -- and accreditation was just on the</p> <p>14 horizon for local public health entities to</p> <p>15 become credentialed and accredited, so he felt</p> <p>16 it was a good time to bring it forward. It had</p> <p>17 been talked about in previous years, but never</p> <p>18 had the political will.</p> <p>19 Q. Was Akron -- and I'm talking about</p> <p>20 from an administrative perspective, employees,</p> <p>21 services, revenue, expenses, was it actually a</p> <p>22 bigger health district than Summit County</p> <p>23 Public Health --</p> <p>24 A. No.</p> <p>25 Q. -- agency?</p>

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1 A. No.

2 Q. If you recall, prior to the merger,

3 do you know what Summit County Public Health's,

4 essentially, budget was prior to the merger?

5 A. I want to say it had to be

6 somewhere between 12 and 15.

7 Q. And to the best of your

8 recollection, what would Akron's revenue/budget

9 have been around that time?

10 A. I think it was 6.3 million. But

11 remember, it's a city department, so that was

12 their departmental budget.

13 Q. What is the combined, and I

14 actually, I guess, I better ask this to be

15 complete. At the time of the merger with

16 Barberton, which you said was a much smaller

17 health district --

18 A. Yes.

19 Q. -- what was their budget prior to

20 merging into Summit County Public Health?

21 A. About a million.

22 Q. And as we sit here, and I don't

23 know whether we are in a 2018 budget or 2019

24 budget.

25 A. 18.

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1 Q. Okay. What is Summit County Public

2 Health's current budget for the 2018 fiscal

3 year?

4 A. About 24 and a half million.

5 Q. Has that number been in the same

6 general neighborhood since the 2011 merger?

7 A. No.

8 Q. How has it changed since 2011?

9 A. It's increased.

10 Q. So if we use -- can we use 2012 as

11 maybe the first full budget year that included

12 Akron and Barberton together?

13 A. No, because that would be wrong.

14 In that -- the first, when we merged, we, in

15 the contract with the city, had agreed to do a

16 three-year trial period of budget expenses,

17 where we would keep, actually, each two set of

18 books and keep them absolutely separate. So we

19 would know exactly what it cost to administer

20 that health district, that city department.

21 We felt as though that at 6.2, it

22 was way too high, that it shouldn't cost 6.2

23 million to do that, but we weren't sure.

24 So we did three years of a trial, a

25 trial, sort of, budget period. When it came

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1 time to then actually formalize a contract that

2 renews each year for us to be the health

3 department, it actually became -- we were able

4 to get the cost down to about 3 million, about

5 3.3 million, and that's actually what the --

6 actually what the contract is for now. So

7 after that, so probably the first budget year

8 that would be reliable would be 16.

9 Q. And so in 2016, incorporating those

10 cost savings --

11 A. 15 might be too. I'm sorry.

12 Q. Maybe 2015, you said?

13 A. Yes.

14 Q. All right. I'm just trying to get

15 a big picture from you --

16 A. Yes.

17 Q. -- I don't need to the dollar and

18 cent exact. But in 2015, what was the budget

19 for Summit County Public Health?

20 A. I want to say it was probably about

21 21 million, 20, 21 million.

22 Q. And that includes all sources of

23 revenue?

24 A. Yes.

25 Q. Outside funding, State of Ohio, for

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1 example?

2 A. Yes.

3 Q. Plus general revenue from levy

4 revenue?

5 A. We don't have levy. We have inside

6 millage from property taxes.

7 Q. 2016, if you recall, how did what

8 change?

9 A. That's probably up by a million,

10 probably.

11 Q. About 22 million?

12 A. Yeah.

13 Q. 17?

14 A. Probably up a lit bit, 23, 24,

15 somewhere in there.

16 Q. And then you said it's about 24 and

17 a half this year?

18 A. Uh-huh. Yes.

19 Q. Has Summit County Public Health

20 started its 2019 budget process?

21 A. Yes.

22 Q. Can you give me a general

23 description of how the budget process works for

24 your agency, within the context of the overall

25 Summit County government budgetary process?

<p style="text-align: right;">Page 66</p> <p>1 A. Okay. In revised code, we are a 2 separate taxing district, therefore, we do our 3 own budget. So we will look at -- each 4 division head will look at the needs and the 5 cost.</p> <p>6 We pretty much know what our 7 revenues are going to be, except with some 8 fluctuations, maybe some permitting fees or how 9 much we are actually going to bring in, but we 10 know what the City of Akron contract says, we 11 know what the inside millage is, we know 12 roughly what we receive in permits and 13 contracts that we are required by law to 14 charge, like for birth certificates and well 15 permits and sewage permits, and then the 16 remaining amount of our dollars, the other 12 17 and a half, is soft grant money that we find in 18 order to provide additional services for 19 individuals.</p> <p>20 So when that budgeting process 21 starts, we know what we are required by law to 22 provide services, and then each division 23 director looks for additional dollars to 24 provide services to the community, based on the 25 community health improvement plan.</p>	<p style="text-align: right;">Page 68</p> <p>1 \$3. The rest is remitted to the state. So the 2 \$3 we keep is earmarked for vital statistics, 3 to keep that operational.</p> <p>4 Most of our dollars -- we don't 5 make money on anything. So we're poor.</p> <p>6 Q. Property taxes, does that go into a 7 general revenue fund?</p> <p>8 A. Yes.</p> <p>9 Q. So that would pay for salaries, 10 benefits, for example?</p> <p>11 A. Correct.</p> <p>12 Q. Does it also pay for services, 13 substance abuse services provided to clients or 14 patients of Summit County Public Health?</p> <p>15 A. A little bit.</p> <p>16 Q. The grant money, do those pay for 17 salaries and benefits?</p> <p>18 A. Sometimes, yes.</p> <p>19 Q. Is that the primary source of 20 revenue for, for example, substance abuse 21 services provided to agency clients or 22 patients?</p> <p>23 A. Yes.</p> <p>24 Q. Currently, I think you said, it's 25 12 and a half million, give or take?</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. Does Summit County Public Health 2 have one community health improvement plan -- 3 A. Yes.</p> <p>4 Q. -- or goes each division have one?</p> <p>5 A. Each division contributes to that, 6 plus the community at large. We are 7 responsible for the offering of one document.</p> <p>8 Q. Is that an annual document or is 9 it --</p> <p>10 A. It's now, based on the state, it's 11 an every-three-year document.</p> <p>12 Q. Which -- what's the current version 13 in effect, what years does it cover?</p> <p>14 A. We are in 16, 17, 18. It will be 15 redone in 19.</p> <p>16 Q. So with respect to the budget, you 17 mentioned there is the permits and contracts, 18 the fees that come in?</p> <p>19 A. Correct.</p> <p>20 Q. Are those earmarked, do they have 21 to be spent on specific purposes, or are they 22 general revenue to your --</p> <p>23 A. Well, we have to -- let's take 24 vital statistics, for example. We charge \$22 25 per birth certificate. We have to. We keep</p>	<p style="text-align: right;">Page 69</p> <p>1 A. That's grant money.</p> <p>2 Q. Of grant money, yeah.</p> <p>3 How has that number changed since 4 2015?</p> <p>5 A. It increased. It increased.</p> <p>6 Q. So roughly what was it in 2015?</p> <p>7 A. I want to say it had to be around 8 maybe 9 or 10 million.</p> <p>9 Q. Of the current amount of 12 and a 10 half million, do you know how much of that, 11 roughly, goes towards providing the substance 12 abuse services we were talking about earlier? 13 You can do it by dollar amounts or by 14 percentage.</p> <p>15 A. Some of our grants are multiple 16 year grants. So like we have a 1.5 SAMHSA 17 grant to provide education and outreach, risk 18 behavior, as far as looking at training and any 19 number of things.</p> <p>20 That grant runs over five years, so 21 if I look at per year, we get about 300 a year 22 on that grant, we get another, I would say, 23 probably close to a million -- well, our 24 contract -- maybe a million and a half.</p> <p>25 Q. Goes towards substance abuse</p>

<p style="text-align: right;">Page 70</p> <p>1 programs?</p> <p>2 A. Yeah, a million and a half. I</p> <p>3 would say a million and a half to probably</p> <p>4 1.75.</p> <p>5 Q. And does your agency track -- I'm</p> <p>6 sure it tracks -- strike that. Let me start</p> <p>7 all over.</p> <p>8 Does your agency track how much of</p> <p>9 that 1 and a half to 1.75 million is actually</p> <p>10 used for opioid-related services?</p> <p>11 A. Only in those programs that are</p> <p>12 specific, like Narcan, naloxone or -- yeah,</p> <p>13 that would be it probably, those that are</p> <p>14 specific, MAT.</p> <p>15 Q. So other than going grant by grant</p> <p>16 and knowing what the purpose of the grant is,</p> <p>17 there isn't any sort of other accounting being</p> <p>18 done in your department to carve out this is</p> <p>19 going toward opioids, this is going to meth,</p> <p>20 this is going to go to --</p> <p>21 A. It could be. This is probably a</p> <p>22 lot more information, but the State of Ohio</p> <p>23 started something call deliverable-based grant</p> <p>24 reimbursements. So if your grant is for</p> <p>25 \$300,00, completing OARRS training and</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. And is there somebody, if you had</p> <p>2 to go and pinpoint that number to the best of</p> <p>3 your agency's abilities, is there somebody</p> <p>4 within your agency you would go to ask for that</p> <p>5 analysis?</p> <p>6 A. Yes.</p> <p>7 Q. Who is that?</p> <p>8 A. Jackie Pollard.</p> <p>9 Q. By the way, I had asked how long</p> <p>10 she had been assistant director of AOD</p> <p>11 services. I did not ask how long she has been</p> <p>12 employed by Summit County Public Health. Do</p> <p>13 you know?</p> <p>14 A. The same. She has been there about</p> <p>15 a year.</p> <p>16 Q. So she was new to the agency --</p> <p>17 A. Correct.</p> <p>18 Q. -- when she took the current</p> <p>19 position?</p> <p>20 A. Correct.</p> <p>21 Q. All right. There were two more</p> <p>22 service categories that we haven't talked about</p> <p>23 yet that you gave me earlier in the deposition.</p> <p>24 We have been talking about education. The next</p> <p>25 one on the list was counseling.</p>
<p style="text-align: right;">Page 71</p> <p>1 education with physicians, if you did 50</p> <p>2 physicians, that maybe bring in \$50,000.</p> <p>3 So if it's a deliverable-based</p> <p>4 grant, we would know the specific objective</p> <p>5 that had to be met in order to receive that</p> <p>6 money, and we would know if it was grant or</p> <p>7 not, if it was opioid related.</p> <p>8 Q. But again, that would require us to</p> <p>9 go on a grant-by-grant basis --</p> <p>10 A. Correct.</p> <p>11 Q. -- and know what the grant is for</p> <p>12 and do that math, but if it's just a top-line</p> <p>13 budget or revenue analysis, there isn't a</p> <p>14 category that says opioid-related expenses?</p> <p>15 MS. KEARSE: Object to form. You</p> <p>16 can answer. I just objected to the form of the</p> <p>17 question.</p> <p>18 A. No.</p> <p>19 Q. And then, so just to tie that off,</p> <p>20 as we sit here today, if I started in 2015 and</p> <p>21 worked up to 2018, could you give me a number</p> <p>22 or a percentage of that substance abuse</p> <p>23 expenditure that is related solely to</p> <p>24 opioid-related programs?</p> <p>25 A. 50 percent.</p>	<p style="text-align: right;">Page 73</p> <p>1 A. Yes.</p> <p>2 Q. Can you give me -- well, first of</p> <p>3 all, is Jackie Pollard responsible, kind of the</p> <p>4 supervisor of that program as well?</p> <p>5 A. We actually have an additional</p> <p>6 supervisor in there.</p> <p>7 Q. Who is the supervisor for</p> <p>8 counseling service?</p> <p>9 A. Griffin Brown. It's G-R-I-F-F-I-N,</p> <p>10 Griffin Brown.</p> <p>11 Q. And that's a Mr. Brown?</p> <p>12 A. Yes.</p> <p>13 Q. How long has he been that assistant</p> <p>14 director?</p> <p>15 A. He's a supervisor.</p> <p>16 Q. I'm sorry. A supervisor.</p> <p>17 A. Probably four months. We just</p> <p>18 hired him.</p> <p>19 Q. Was he hired into a new position or</p> <p>20 was he hired to replace somebody?</p> <p>21 A. He was hired in to replace somebody</p> <p>22 who had left.</p> <p>23 Q. And who was that previous person?</p> <p>24 A. It would have been Victoria. Yeah.</p> <p>25 Her name is Victoria.</p>

<p style="text-align: right;">Page 74</p> <p>1 Q. Is she like Cher, one name, 2 Victoria?</p> <p>3 A. Yeah. Victoria. I'm trying to 4 think, Victoria. I don't remember her last 5 name though.</p> <p>6 Q. How long was she in that position?</p> <p>7 A. Probably a couple years.</p> <p>8 Q. And do you recall who would have 9 had that position before her?</p> <p>10 A. Yvette Edwards.</p> <p>11 Q. What is the -- what is the role of 12 a counseling supervisor?</p> <p>13 A. They oversee practice standards and 14 make sure that the counselors are meeting their 15 productivity standards, and that they are 16 actually providing quality counselling and 17 review, and do supervision with each of them, 18 and try to make sure that the service delivery 19 is on par with best practice standards in what 20 they are doing.</p> <p>21 Q. How many counselors does, and we 22 are just talking about substance abuse, 23 although if you can't answer that, then we can 24 dive into it deeper, but how many counselors 25 are there at Summit County Public Health that</p>	<p style="text-align: right;">Page 76</p> <p>1 County Public Health in the last few years, has 2 there -- strike that.</p> <p>3 Are there some counselors that deal 4 with certain substances, or do they just see 5 whoever comes?</p> <p>6 A. Yes. No, they do an assessment 7 that points them towards what the problems 8 might be, what the addictions, and they handle 9 it.</p> <p>10 Q. All right. So if you have a client 11 who comes in and they are dealing with opioid 12 addiction, is there one or more specific 13 counselors they are directed to, or could any 14 of them actually take that case?</p> <p>15 A. Any of them can do that.</p> <p>16 Q. Who is the longest tenured 17 counselor in the group currently employed by 18 Summit County Public Health?</p> <p>19 A. Myron Lewis, I believe.</p> <p>20 Q. How long, to your knowledge, has he 21 been a counselor for your agency?</p> <p>22 A. Again, we merged in 11, so he has 23 only been with us seven years. Prior to that, 24 he was with Akron.</p> <p>25 Q. How many of those seven or eight</p>
<p style="text-align: right;">Page 75</p> <p>1 provide substance abuse counseling?</p> <p>2 A. I believe there are eight.</p> <p>3 Q. Has that number been roughly the 4 same since you have been the health 5 commissioner?</p> <p>6 A. Yes. Seven, eight, somewhere in 7 there.</p> <p>8 Q. And within that group of 9 counselors, are there some that have -- are 10 they generalists or are they specialists, if 11 you know?</p> <p>12 A. Most of them are LPC, licensed 13 personal counselors, and they all have 14 substance abuse certifications. Some are 15 LISWs, licensed social workers, some of them 16 have independent status.</p> <p>17 Q. What does that mean, "independent 18 status"?</p> <p>19 A. It's like you actually become a 20 social worker, and then you become an LISW, 21 which is independent, and then you complete a 22 two-year supervision period, and you are 23 allowed to supervise other social workers.</p> <p>24 Q. Okay. So of the seven to eight 25 that -- counselors that have been with Summit</p>	<p style="text-align: right;">Page 77</p> <p>1 have been with the agency since that merger 2 seven years ago?</p> <p>3 A. I'm going to say two to three.</p> <p>4 Q. Who were the other one or two, 5 other than Myron?</p> <p>6 A. Victoria and Deonna, but I'm not 7 100 percent sure Deonna came with the merger.</p> <p>8 Q. What is Deonna's last name?</p> <p>9 A. I don't know.</p> <p>10 Q. And so Victoria, when we were 11 talking about counseling supervisors, you 12 couldn't remember her last name, she is still 13 with the agency, but is no longer a supervisor, 14 is that --</p> <p>15 A. Correct.</p> <p>16 Q. If you had a question about opioid 17 addiction, who would be the person you would 18 speak to, whether it's a counselor or a 19 supervisor or an assistant director, anybody 20 within Summit County Public Health, who is the 21 person you would go ask that question to?</p> <p>22 A. Jackie Pollard.</p> <p>23 Q. What is her background, if you 24 could give me a --</p> <p>25 A. She is a social worker, spent a lot</p>

<p style="text-align: right;">Page 78</p> <p>1 of years in Stark County Mental Health, 2 alcohol, drug other counseling, she worked for 3 the ADM board down there for many, many years. 4 She has a history, a long history of counseling 5 services. She is very well versed. 6 Q. Of the three counselors that, to 7 the best of your recollection, have been with 8 your agency for about -- since the merger 9 roughly -- 10 A. Yes. 11 Q. -- which of those would you speak 12 to if you wanted to know something about opioid 13 addiction in Summit County? 14 A. Probably Myron. 15 Q. With respect to the counseling 16 services that these folks are providing to 17 Summit County residents, how many, roughly, 18 clients or patients does the agency see in a 19 given year, substance abuse? 20 A. I think it's about 800 to a 21 thousand. 22 Q. And are those walk-in-type 23 services, or are they regularly scheduled, or 24 does it vary? 25 A. It varies.</p>	<p style="text-align: right;">Page 80</p> <p>1 increase in the numbers. 2 Q. Okay. And you said, "An increase 3 in the use." Do you mean the use of 4 substance -- 5 A. Substance abuse -- 6 Q. -- illegal substances generally? 7 A. I'm sorry. 8 Q. Do you mean generally all 9 substances or do -- 10 A. All substances. 11 Q. One, and we will, I'm sure, talk 12 about it a little bit later, one substance 13 would, of course, be heroin? 14 A. Yes. 15 Q. Fentanyl, perhaps? 16 A. Yes. 17 Q. I'm going to, throughout the course 18 of the day, and if we need to clarify as we go, 19 I'm happy to do it, but when I refer to illicit 20 opioids, would you understand that to include 21 heroin and fentanyl? 22 MS. KEARSE: Objection. 23 A. Yes. 24 Q. And then there are, of course, 25 prescription opioids?</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. Can someone just walk into the 2 clinic? 3 A. Yes. 4 Q. And they are seen the same day? 5 A. Yes, if they choose to be. 6 Q. With respect to the 800 to 1,000 7 clients that are provided substance abuse 8 services, has that number been roughly the same 9 since you have been health commissioner, if 10 not, how that has it changed? 11 A. It's increased. 12 Q. From roughly what, to the 800 to a 13 thousand? 14 A. Around 500, 600. 15 Q. And that's in 2015? 16 A. 15, 16, yes. 17 Q. What has driven the change from 18 500, 600 to 800 to a thousand? 19 A. Quite honestly, a lot of our 20 clients come via court referral. So when 21 somebody finds themselves in trouble, and as 22 part of their probation or part of that, they 23 end up seeking counseling through us. And 24 because we have seen such an increase in the 25 use, all the agencies in town have seen an</p>	<p style="text-align: right;">Page 81</p> <p>1 A. Correct. 2 Q. Which can be used illegally too, if 3 they are, for example, stolen from a family 4 member; would you agree? 5 MS. KEARSE: Object to form. 6 A. Yes. 7 Q. But they are legal -- legally 8 approved FDA products; is that your 9 understanding? 10 A. Yes. 11 Q. How many of the 800 to a thousand 12 patients, roughly, if you know, are seeking 13 counseling services based on use of illicit 14 opioids? 15 A. I don't know that. 16 Q. If you know, how many, in number or 17 percentage, of that 800 to a thousand are 18 seeking counseling services for opioids versus 19 any other substance? 20 A. I couldn't answer that. That's 21 personal health information that's contained in 22 the assessment. 23 Q. Okay. And the assessment is 24 something that is done by the counselor when he 25 meets with -- he or she meets with the patient?</p>

<p style="text-align: right;">Page 82</p> <p>1 A. Correct.</p> <p>2 Q. Are those records that are</p> <p>3 maintained by Summit County Public Health?</p> <p>4 A. Yes.</p> <p>5 Q. And where would those be</p> <p>6 maintained?</p> <p>7 A. 1867 West Market.</p> <p>8 Q. And each client has a personal</p> <p>9 file, sort of like a medical record?</p> <p>10 A. Yes.</p> <p>11 Q. How long are those medical records</p> <p>12 required to be maintained pursuant to that</p> <p>13 retention policy?</p> <p>14 A. I am not sure.</p> <p>15 Q. Would we talk to Mr. Nemecek --</p> <p>16 A. Yes.</p> <p>17 Q. -- or Ms. Pierce about that?</p> <p>18 A. Either.</p> <p>19 Q. Either. And are those</p> <p>20 maintained -- does Summit County Public Health</p> <p>21 have an electronic medical record system, or</p> <p>22 are those hard copies?</p> <p>23 A. Hard copies.</p> <p>24 Q. I had asked you, you know, roughly,</p> <p>25 if you knew, and you didn't, to be fair, what</p>	<p style="text-align: right;">Page 84</p> <p>1 A. No, I don't.</p> <p>2 Q. Is it alcohol perhaps --</p> <p>3 A. It could be.</p> <p>4 Q. -- does that refresh your</p> <p>5 recollection?</p> <p>6 A. It could be.</p> <p>7 Q. In any event though, you would want</p> <p>8 to ask one of your counselors, or maybe one of</p> <p>9 your assistant directors, if we were going to</p> <p>10 break down the number of clients and what</p> <p>11 specific substances were the most abused?</p> <p>12 A. Yes. For accuracy, I would.</p> <p>13 Q. The counseling, just to tie off, to</p> <p>14 tie off these last two categories, the</p> <p>15 counseling, substance abuse counseling, the</p> <p>16 revenue or -- how much of the expenditures for</p> <p>17 substance abuse counseling services come from</p> <p>18 your agency's budget versus other sources?</p> <p>19 A. A small percentage.</p> <p>20 Q. Somewhere in that 10 to 20 percent</p> <p>21 range maybe --</p> <p>22 A. Probably.</p> <p>23 Q. -- that we used --</p> <p>24 A. Probably.</p> <p>25 Q. -- for other categories?</p>
<p style="text-align: right;">Page 83</p> <p>1 the general breakdown was of the 800 to a</p> <p>2 thousand patients regarding what substance that</p> <p>3 they were abusing.</p> <p>4 If we were to go back in time to</p> <p>5 that 2015, 16 time frame when that is 5 to 600,</p> <p>6 would you be able to answer those questions?</p> <p>7 A. No.</p> <p>8 Q. I have seen documents that, and I</p> <p>9 probably have one, and we can talk about it</p> <p>10 later, but it describes various -- well, it</p> <p>11 describes opioids being the number 2 reason why</p> <p>12 patients come in for counseling services for</p> <p>13 men. I don't know if you have seen anything</p> <p>14 like that, in your work at Summit County Public</p> <p>15 Health?</p> <p>16 A. I'm sorry. I didn't hear that last</p> <p>17 word you said, for met?</p> <p>18 Q. Yeah. For men, men, versus women.</p> <p>19 A. Oh, for men. I'm sorry. I thought</p> <p>20 you said for met.</p> <p>21 Q. Yeah. Sorry. It's the number two</p> <p>22 cause for men coming in seeking substance abuse</p> <p>23 counseling. Do you know what the number one</p> <p>24 substance is that they are coming in?</p> <p>25 MS. KEARSE: Object to form.</p>	<p style="text-align: right;">Page 85</p> <p>1 A. Yes.</p> <p>2 Q. And the other -- the remainder,</p> <p>3 whatever it is, would be outside sources?</p> <p>4 A. Correct.</p> <p>5 Q. And then outpatient treatment</p> <p>6 would --</p> <p>7 A. Intensive outpatient.</p> <p>8 Q. Intensive outpatient treatment?</p> <p>9 A. IOP.</p> <p>10 Q. I don't know what that means, could</p> <p>11 you --</p> <p>12 A. Those are programs that are set up,</p> <p>13 when it is determined that someone doesn't have</p> <p>14 to go to a facility or be inpatient, that they</p> <p>15 can be in an intensive outpatient program,</p> <p>16 which means they show up every day for a</p> <p>17 required number of hours, they run through any</p> <p>18 number of activities, and then they get to go</p> <p>19 home.</p> <p>20 Q. Are there individualized treatment</p> <p>21 plans?</p> <p>22 A. Yes.</p> <p>23 Q. So one person might be in there for</p> <p>24 six months, one person might be 12 months?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 86</p> <p>1 Q. How many -- did you say IOP or IOT?</p> <p>2 A. IOP, P as in Paul.</p> <p>3 Q. Okay. How many clients or patients</p> <p>4 does your agency provide IOP treatment to?</p> <p>5 A. I am not sure.</p> <p>6 Q. Is it in the dozens or is it in the</p> <p>7 hundreds?</p> <p>8 A. It would be hundreds.</p> <p>9 Q. And the expenses associated with</p> <p>10 that program, what percentage is from your</p> <p>11 agency's budget versus outside sources?</p> <p>12 A. Maybe 10 percent.</p> <p>13 Q. The intensive outpatient treatment,</p> <p>14 does it perhaps also incorporates the</p> <p>15 medication-assisted treatment, or are those</p> <p>16 completely separate programs?</p> <p>17 A. They are separate.</p> <p>18 Q. So is this counseling just on</p> <p>19 another level than --</p> <p>20 A. Yes.</p> <p>21 Q. And with respect to the assistant</p> <p>22 director, Jackie Pollard, and some of the</p> <p>23 counselors we talked about briefly over the</p> <p>24 last 20, 30 minutes, are they the same people</p> <p>25 who are administering this program?</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. And does Dr. Sobolewski oversee</p> <p>2 either one of these last two programs we have</p> <p>3 been talking about, the IOP or the counseling</p> <p>4 services?</p> <p>5 A. No.</p> <p>6 Q. How about the ADM board, anybody</p> <p>7 from the ADM board of Summit County, whether it</p> <p>8 is Dr. Smith or Mr. Craig, that assist your</p> <p>9 department in providing those counseling or IOP</p> <p>10 services?</p> <p>11 A. Yes.</p> <p>12 Q. How does that work, what is the</p> <p>13 interaction there?</p> <p>14 A. Alcohol, drug, mental health boards</p> <p>15 in Ohio are not allowed to provide direct</p> <p>16 services. Therefore, they contract with</p> <p>17 everybody for services that they want to see</p> <p>18 happen. They contract with us.</p> <p>19 They are responsible for indigent</p> <p>20 care, so out of those 800 to 1,000 individuals,</p> <p>21 some of those patients we will seek</p> <p>22 reimbursement, either through private insurance</p> <p>23 or Medicaid, but then there is another group</p> <p>24 that are deemed indigent.</p> <p>25 The ADM board, alcohol, drug and</p>
<p style="text-align: right;">Page 87</p> <p>1 A. Yes.</p> <p>2 Q. And if I were to ask the breakdown</p> <p>3 of patients and whether they are using opioids</p> <p>4 or some other substance, would you know that</p> <p>5 data?</p> <p>6 A. I would not.</p> <p>7 Q. And same question with respect to</p> <p>8 the maintenance of patient records, would your</p> <p>9 answers be the same as to where they are stored</p> <p>10 and what is stored and it's hard copy versus</p> <p>11 electronic?</p> <p>12 A. For intensive outpatient?</p> <p>13 Q. Yeah.</p> <p>14 A. It's the same, yes. I know where</p> <p>15 they are at, yes.</p> <p>16 Q. And what was the -- what did you</p> <p>17 call the initial assessment form that's done,</p> <p>18 did you just say it is an assessment?</p> <p>19 A. An assessment, an AOD assessment.</p> <p>20 Q. Is that an actual preprinted form?</p> <p>21 A. Oh, yes. It's a tool.</p> <p>22 Q. And so that's done with the</p> <p>23 counseling patients and that's done with the</p> <p>24 IOP clients or patients?</p> <p>25 A. Yes, on intake.</p>	<p style="text-align: right;">Page 89</p> <p>1 mental health, will then reimburse us for those</p> <p>2 individuals that we see. And they do that with</p> <p>3 about -- I think they have about 30</p> <p>4 subcontractors around town.</p> <p>5 Q. Is Summit County Public Health the</p> <p>6 only political subdivision or government entity</p> <p>7 to which they have that contract? And that's a</p> <p>8 terrible question. Can I ask it a different</p> <p>9 way --</p> <p>10 A. Yes.</p> <p>11 Q. -- if you don't you mind?</p> <p>12 A. Yes, please.</p> <p>13 Q. Are the other -- other than Summit</p> <p>14 County Public Health, are the other entities</p> <p>15 with which ADM contracts private entities?</p> <p>16 A. Some are, some aren't. I would say</p> <p>17 like the jail, Summit County jail, Oriana</p> <p>18 House, those are quasi political. Perhaps they</p> <p>19 may do some work with -- they do work with</p> <p>20 different groups. So I couldn't say for sure</p> <p>21 they were all not for profit or private.</p> <p>22 Q. With respect to how ADM reimburses</p> <p>23 your agency, is it a per-patient reimbursement</p> <p>24 or is it a -- do they just give you a certain</p> <p>25 budget per year to provide services?</p>

<p style="text-align: right;">Page 90</p> <p>1 A. Our contract is for \$700,00, about 2 6 to \$700,00. And so we are allowed to spend 3 up to that much, but we see as many people as 4 we can. So we try to seek as much outside 5 reimbursement so we don't have to use those 6 dollars. 7 Q. And just so we are clear, to tie 8 this off, this 6 to 700,000 per year is to 9 provide substance abuse services to indigent 10 residents of Summit County? 11 A. And/or those with -- you can have 12 insurance, you can have private insurance. You 13 don't have to necessarily be indigent. There 14 is just a pay or mechanism if you are indigent. 15 Q. Okay. Gotcha. 16 MR. NAEEM: Anne, do you want to 17 take a few minute break? 18 MS. KEARSE: We have been 19 going -- how long have we he been going? We 20 can take a break. 21 THE VIDEOGRAPHER: Almost an hour 22 and a half. 23 MS. KEARSE: Ten minutes? 24 MR. NAEEM: Yeah. 25 THE VIDEOGRAPHER: Off the record</p>	<p style="text-align: right;">Page 92</p> <p>1 MS. GATES: In person, Lisa Gates, 2 Jones Day, for Walmart. 3 - - - - - 4 (Thereupon, Deposition Exhibit 1, 5 Organizational Chart, Dated January 6 2017, Bates Labeled Summit 155008, 7 was marked for purposes of 8 identification.) 9 - - - - - 10 - - - - - 11 (Thereupon, Deposition Exhibit 2, 12 Organizational Chart, Bates Labeled 13 Summit 180563, was marked for 14 purposes of identification.) 15 - - - - - 16 BY MR. NAEEM: 17 Q. Ms. Skoda, I have had marked as 18 Exhibit 1 and 2 a couple org charts we found in 19 your custodial documents, and I don't want to 20 spend a lot of time on these, but we have been 21 talking about the services provided by Summit 22 County Public Health, substance abuse services, 23 and some of the folks who provide those 24 services. 25 If we look at Exhibit 1, is that</p>
<p style="text-align: right;">Page 91</p> <p>1 at 10:32. 2 (Recess taken.) 3 THE VIDEOGRAPHER: On the record, 4 10:51. 5 MR. NAEEM: Before we continue with 6 the deposition, would the folks on the phone go 7 ahead and identify themselves for the record. 8 MR. MILLER: Hello. Yes. Hayden 9 Miller, of Ropes & Gray, for defendant 10 Mallinckrodt LLC. 11 MR. FRANCO: Joe Franco, with 12 Holland & Knight, on behalf of Insys 13 Therapeutics, Inc. 14 MS. D'ANNA: Samantha D'Anna, from 15 Jackson Kelly, on behalf of Miami Luken. 16 MR. BROWN: Elliott Brown, from 17 Morgan Lewis, on behalf of Teva. 18 MS. GATES: And here in person -- 19 MR. RUIZ: Anthony Ruiz, from 20 Zuckerman Spaeder, on behalf of CVS Rx 21 Services, Inc. and CVS Indiana, LLC. 22 MR. NAEEM: Anybody else on the 23 phone? 24 MR. RAIOLA: Yes. Stephen Raiola, 25 with Covington Burling, on behalf of McKesson.</p>	<p style="text-align: right;">Page 93</p> <p>1 representative of the current organizational 2 structure of Summit County Public Health? 3 A. Yes. 4 Q. And underneath Citizens of Summit 5 County, there is a district advisory counsel, 6 and below that Summit County Board of Health, 7 and below that is health commissioner, which is 8 you, correct? 9 A. Correct. 10 Q. Medical director off, as we are 11 looking at, it to the left, would be Ms. 12 Sobolewski? 13 A. Sobolewski. 14 Q. Sobolewski, I apologize, who's been 15 around since roughly the beginning of the year, 16 in that position? 17 A. November-December of 17. 18 Q. And Margo Erme -- no. Yes, Margo 19 Erme, Dr Margo Erme prior. 20 Did she come over with the merger? 21 A. Yes. 22 Q. So she was with Akron? 23 A. Correct. 24 Q. And she took the medical director 25 position at Summit County Public Health --</p>

<p style="text-align: right;">Page 94</p> <p>1 A. Correct.</p> <p>2 Q. -- in 2011. Did Summit have its</p> <p>3 own medical director at the time, or was that</p> <p>4 person laid off?</p> <p>5 A. Yes. We had a four-hour a week</p> <p>6 medical director, and when we merged, Margo</p> <p>7 came over with the merger. He had a</p> <p>8 full-time -- he worked elsewhere full time as</p> <p>9 an occupational health physician, and he went</p> <p>10 to work for Akron General Medical Center.</p> <p>11 Q. And his name?</p> <p>12 A. Ronald Hawes, H-A-W-E-S.</p> <p>13 Q. And so at that point in time, at</p> <p>14 the time of the merger, you said it was roughly</p> <p>15 four hours a week?</p> <p>16 A. Correct.</p> <p>17 Q. Okay. All right. And then if we</p> <p>18 go back to Exhibit 1, there are two deputy</p> <p>19 health commissioners and an assistant health</p> <p>20 commission year; do you see that?</p> <p>21 A. Correct.</p> <p>22 Q. Okay. Jackie Pollard is the person</p> <p>23 who is the assistant health commissioner?</p> <p>24 A. No. Jackie is an assistant</p> <p>25 director under community health, which would be</p>	<p style="text-align: right;">Page 96</p> <p>1 there are still two?</p> <p>2 A. Yes.</p> <p>3 Q. All right. What are their</p> <p>4 responsibilities?</p> <p>5 A. They vary from any number of</p> <p>6 special projects that they work on. They look</p> <p>7 at basically -- we give direction and provide</p> <p>8 services, they look at any number of programs</p> <p>9 within the health district, and they look for</p> <p>10 improvements, but they are all from an</p> <p>11 administrative perspective.</p> <p>12 So they have a list of projects</p> <p>13 that they work on. Some may be from building</p> <p>14 facilities to launching new software programs</p> <p>15 to monitor our strategic plans, to look at</p> <p>16 outcomes. They work on any number of special</p> <p>17 projects.</p> <p>18 Q. But neither of those two people</p> <p>19 would have oversight responsibility for</p> <p>20 substance abuse programs provided by Summit</p> <p>21 County Public Health?</p> <p>22 A. No. The only piece that one of the</p> <p>23 deputy health commissioners, Heather Pierce,</p> <p>24 would have, she has assisted with behavioral</p> <p>25 redesign in Ohio. You may have heard, in July</p>
<p style="text-align: right;">Page 95</p> <p>1 the second box from the left.</p> <p>2 Q. Let's fill in this with a few names</p> <p>3 then.</p> <p>4 A. Okay.</p> <p>5 Q. I'm not going to do the whole</p> <p>6 thing, and we will compare it perhaps maybe to</p> <p>7 Exhibit 2 in a second, but first of all, who is</p> <p>8 the assistant health commissioner?</p> <p>9 A. Tonya Block.</p> <p>10 Q. How long has she been employed by</p> <p>11 Summit County Public Health?</p> <p>12 A. Maybe 13 years, approximately.</p> <p>13 Q. And if we are looking at Exhibit 1,</p> <p>14 there is a direct line between the assistant</p> <p>15 health commissioner and the director of these</p> <p>16 various departments?</p> <p>17 A. Correct.</p> <p>18 Q. There is no direct line from the</p> <p>19 deputy health commissioner to those</p> <p>20 departments?</p> <p>21 A. Correct.</p> <p>22 Q. Is that because they have</p> <p>23 administrative functions?</p> <p>24 A. Yes.</p> <p>25 Q. What are, generally, the two -- and</p>	<p style="text-align: right;">Page 97</p> <p>1 of 17, they flipped the switch, and now we are</p> <p>2 under behavioral redesign, where they are</p> <p>3 changing the payment and reimbursement</p> <p>4 structure. So she has helped with that, at an</p> <p>5 administrative level.</p> <p>6 Q. At an administrative level for the</p> <p>7 repayment of services provided?</p> <p>8 A. Correct.</p> <p>9 Q. But not actually the termination of</p> <p>10 the programs themselves?</p> <p>11 A. No. The state did that.</p> <p>12 Q. And the behavioral redesign, that</p> <p>13 applies to substance abuse or the --</p> <p>14 A. The entire State of Ohio. All</p> <p>15 mental health, all alcohol, drug mental health</p> <p>16 services.</p> <p>17 Q. And that's essentially how the</p> <p>18 State of Ohio reimburses local health district</p> <p>19 for those services?</p> <p>20 A. And ADM boards and everybody.</p> <p>21 Q. And then if we go back to assistant</p> <p>22 health commissioner, there is currently, as of</p> <p>23 January 2007, {sic} when this chart is dated,</p> <p>24 five director positions for various</p> <p>25 departments.</p>

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 Do any of the five, other than</p> <p>2 community health, provide substance abuse</p> <p>3 services to citizens of Summit County?</p> <p>4 A. Not direct care, but other than --</p> <p>5 the MAT program is a blending between clinical</p> <p>6 services and the community health folks, for</p> <p>7 the training and the counseling that goes with</p> <p>8 it.</p> <p>9 Q. Okay.</p> <p>10 A. Within clinical services, the STD,</p> <p>11 HIV communicable disease unit, there is a lot</p> <p>12 of education regarding substance use disorders.</p> <p>13 And then the personal</p> <p>14 responsibility education program is a 13-county</p> <p>15 project that reduces risk behaviors in youth.</p> <p>16 So they do some education around substance use</p> <p>17 disorders.</p> <p>18 Q. Who then is the director of</p> <p>19 clinical services?</p> <p>20 A. Leanne Beavers.</p> <p>21 Q. And how long has she been with</p> <p>22 Summit County Public Health?</p> <p>23 A. Since December -- excuse me,</p> <p>24 October, whenever they came over in 10. It was</p> <p>25 the end of 10. So I want to say it was like</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. All right. And are there any -- as</p> <p>2 we were talking before we took a break, we had</p> <p>3 gone through the list of services, substance</p> <p>4 abuse services generally provided.</p> <p>5 Is there anything on this list that</p> <p>6 we didn't talk about that you would want to add</p> <p>7 regarding the services provided to substance</p> <p>8 abuse patients or clients?</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. No. The only thing that we didn't</p> <p>11 talk about, that I doubt when I see this,</p> <p>12 within community health, if you look at the</p> <p>13 STARS programs, S-T-A-R-S, that again was a</p> <p>14 federal grant. It was actually a research</p> <p>15 grant to look at alcohol drug assessment in the</p> <p>16 home, and that was -- we were in partnership</p> <p>17 with children's services, Summit County</p> <p>18 Children Services, and that is in-home</p> <p>19 assessments, and we did the assessment and</p> <p>20 provided some of the wraparound social support</p> <p>21 services.</p> <p>22 But that actually was in order to</p> <p>23 help reduce the number of children that were</p> <p>24 being taken out of homes because of safety</p> <p>25 issues with the rise in opioid use.</p>
<p style="text-align: right;">Page 99</p> <p>1 October of 10. Barberton Health Department</p> <p>2 joined Summit County.</p> <p>3 Q. So she was previously with</p> <p>4 Barberton --</p> <p>5 A. Yes.</p> <p>6 Q. -- at the time of that merger.</p> <p>7 Okay.</p> <p>8 So clinical services does provide</p> <p>9 some services to substance abuse patients or</p> <p>10 clients along the lines you just described. Is</p> <p>11 it accurate for me to say though that the bulk</p> <p>12 of services are provided through the community</p> <p>13 health division?</p> <p>14 A. Yes.</p> <p>15 Q. And who is the current director of</p> <p>16 that?</p> <p>17 A. Community health?</p> <p>18 Q. Yes.</p> <p>19 A. Donna Barrett, B-A-R-R-E-T-T.</p> <p>20 Q. And how long has she been in that</p> <p>21 position?</p> <p>22 A. Three years, two to three years.</p> <p>23 Q. And how long has she been with</p> <p>24 Summit County Public Health?</p> <p>25 A. Two to three years.</p>	<p style="text-align: right;">Page 101</p> <p>1 Q. Okay. And some of the answers you</p> <p>2 just gave, or some of the testimony you just</p> <p>3 gave sounded in the past tense. Is that an</p> <p>4 ongoing program?</p> <p>5 A. Well, it was -- it's been -- it was</p> <p>6 a five-year research grant, so it's over now.</p> <p>7 We are continuing the program, but it's without</p> <p>8 that money.</p> <p>9 Q. And --</p> <p>10 A. And it ends September of 18. The</p> <p>11 grant is just ending.</p> <p>12 Q. Okay. After September of 2018, who</p> <p>13 will provide funding for those programs?</p> <p>14 A. Summit County Public Health will</p> <p>15 provide part of it. ADM board may be able to</p> <p>16 provide some of it with peer recovery coaches</p> <p>17 for families. They certainly would be able to</p> <p>18 pay for the in-home assessment under our</p> <p>19 current contract that we have.</p> <p>20 But it will just depend on how many</p> <p>21 people we get and how it -- in the final</p> <p>22 shakeout, as to what it looks like as it goes</p> <p>23 forward.</p> <p>24 We have committed about 65,000 of</p> <p>25 general revenue dollars to make sure that this</p>

<p style="text-align: right;">Page 102</p> <p>1 group of individuals can continue to have 2 social support in place. 3 Q. So that's \$65,000 for the year? 4 A. Yes, starting in September. 5 Q. But not through the end of this 6 year -- 7 A. Correct. 8 Q. -- that would be for the 12-month 9 cycle? 10 A. 12-month cycle. 11 Q. Does children's services provide 12 any revenue for this program after September of 13 2018? 14 A. I am not sure what they have 15 decided to do with that piece. 16 Q. Okay. 17 A. I know we have made a commitment. 18 Q. And we talked about the counselors 19 that provide substance abuse services to 20 patients or clients of public health. Are 21 those the same people that do the in-home 22 assessments? 23 A. Yes. It is usually just one of 24 them though. 25 Q. One has responsibility for this</p>	<p style="text-align: right;">Page 104</p> <p>1 the assistant director before she became the 2 director. The director would have been Jill 3 Solem, Jillian Solem, S-O-L-E-M. 4 Q. Of clinical services? 5 A. Correct. So this is probably from 6 15 early -- this is early 15 maybe. 7 Q. Just a couple follow-ups. So other 8 than the movement of two of these gray-shaded 9 boxes to other divisions, is the breakdown 10 generally the same, even if the people have 11 moved around? 12 A. No. It is different. WIC and all 13 of its clinical supervisors, the longest box on 14 the left under -- that now went to population 15 health as well, because of the need for the 16 extraordinary data collection on all of our WIC 17 clients. We have about 10,000 moms and babies 18 in that program. 19 And then HIV, STD, DIS, disease 20 investigation component, went under clinical 21 services as well, but that happened after this 22 rendition was published. 23 Q. If we look at the box for -- well, 24 at the top it says counseling supervisor, 25 Yvette Edwards?</p>
<p style="text-align: right;">Page 103</p> <p>1 program? 2 A. Yes. 3 Q. Who or which of those counselors is 4 responsible for that? 5 A. Victoria. 6 Q. Okay. If we look at Exhibit 2. 7 A. Okay. 8 Q. This looks to be, in my review, an 9 org chart of just the community health division 10 of Summit County Public Health. 11 It's dated obviously, correct, it's 12 not current? 13 A. Oh, yes. That's what I was going 14 to say, it is dated, and it's when -- it 15 happened during the time when we were 16 separating clinical services into a very 17 specific unit, and we removed the two darker 18 colored, gray-shaded boxes, we removed those 19 individuals, and actually that became part of 20 population health. 21 So we created a new division of 22 epidemiologist, assessors, those sorts of 23 things, and they became on their own in 24 population health. 25 So then Leanne, at the time, was</p>	<p style="text-align: right;">Page 105</p> <p>1 A. Right. 2 Q. And below that are the counselors, 3 and there is seven there currently? 4 A. Right. 5 Q. I see Victoria Kaplan, is that -- 6 A. That was her name, yeah, Kaplan. 7 Sorry. I couldn't think of it. And Deonna 8 Green. 9 Q. Okay. 10 A. It was Diane Smith. She's no 11 longer there. 12 Q. Did we talk about the prevention 13 specialist position? 14 A. Therese Kline? 15 Q. Yeah. 16 A. No. I forgot her. 17 Q. What are their role? 18 A. They provide prevention special -- 19 in schools. 20 Q. So they are part of that 21 education -- 22 A. Yes. 23 Q. -- function? 24 A. Yes. 25 Q. And Michael Skoda, is that a --</p>

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1 A. No. We have a nepotism policy. He
2 was not related.
3 Q. Is he still with --
4 A. No. He left after about six weeks.
5 Q. So if we go through this list of
6 counselors, which ones would I cross off as
7 former employees?
8 A. Julie Curtis went back to school,
9 Deonna Green is still with us, Myron is still
10 with us, Diane finished her Ph.D., Todd is not
11 with us, nor is a Michael.
12 Q. And when you say Diane finished her
13 Ph.D., that mean she is no longer with you as
14 well --
15 A. No.
16 Q. -- or she is and --
17 A. No. She finished and she went on
18 to teach.
19 Q. So the three that I have left are
20 Victoria, Deonna and Myron?
21 A. Correct.
22 Q. Okay. Good. We have talked about
23 a lot of things, thank you, so far.
24 What we didn't talk about was your
25 background. So I want to get some information

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1 from you.
2 A. Okay.
3 Q. I have -- the information I have is
4 that you have a master's degree and you are a
5 registered and licensed dietician; is that
6 correct?
7 A. Correct.
8 Q. Would you give me the brief version
9 of where and how you got those various degrees
10 and certifications?
11 A. You mean all of my college?
12 Q. Sure.
13 A. Okay. First I went to school, I
14 was at Kent State University. I finished an
15 undergraduate degree in social work and
16 corrections, and then went on to work for six
17 years as a State of Ohio parole officer, went
18 back to school, took classes at night at the
19 University of Akron to finish my requirements
20 to get another degree in dietetics, to be able
21 to get a master's in nutrition and public
22 health at Case Western Reserve.
23 Q. I read somewhere that prior to
24 coming over to Summit County Public Health, you
25 actually worked in Cuyahoga County?

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1 A. Correct.
2 Q. At the board of health?
3 A. Yes.
4 Q. All right. And what was your --
5 what was your position at the board of health?
6 What did you do?
7 A. When I first went there, I was
8 employed as the early intervention dietician,
9 provided services, home-based services to
10 children with special healthcare needs and
11 children at risk, and did that for a while.
12 And then I was promoted to a
13 program manager, and then I started writing
14 grants in all sorts of areas, lead prevention,
15 teenage pregnancy prevention, and I ultimately
16 was a supervisor. Finding money was my job.
17 Q. Okay. The early intervention
18 dietician position at Cuyahoga County Board of
19 Health, what years did you have that position,
20 if you recall?
21 A. Oh, yeah. It would have to have
22 been -- it was right when I went there, so it
23 had to be 95, 96, somewhere in there, when I
24 left Metro.
25 Q. And when did you get promoted to

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1 program manager?
2 A. A couple years after.
3 Q. And how long were you at the board
4 of health; what year did you leave?
5 A. When I went to Akron -- Summit
6 County, so it would have been like 2000, 2001.
7 Q. And so when you took the position
8 in Summit County Public Health, what was your
9 initial role?
10 A. I was told that I was going to come
11 and we were going to develop a community health
12 division, much like we did in Cuyahoga County.
13 It was determined that we needed to -- the
14 health commissioner that was in Summit, I used
15 to work for him in Cuyahoga County. He
16 accepted the position in Summit County and
17 asked me to come work with him there. I had
18 lived in Summit County, so I went there to
19 work.
20 Q. And who was that commissioner?
21 A. Gene Nixon, N-I-X-O-N.
22 Q. So at the time you came over in
23 roughly 2001, the commissioner for Summit
24 County Public Health was Gene Nixon?
25 A. Yes.

<p style="text-align: right;">Page 110</p> <p>1 Q. And how long was he commissioner?</p> <p>2 A. 15 years.</p> <p>3 Q. I guess I should have asked a</p> <p>4 different question. When did he retire as</p> <p>5 commissioner? You took over for him</p> <p>6 immediately?</p> <p>7 A. 2015.</p> <p>8 Q. So he had come from Cuyahoga to</p> <p>9 Summit shortly before you did?</p> <p>10 A. Correct.</p> <p>11 Q. So you said you were told that you</p> <p>12 were going to be developing a community health</p> <p>13 division?</p> <p>14 A. Right.</p> <p>15 Q. And that was to be your first</p> <p>16 position when you came over?</p> <p>17 A. Correct.</p> <p>18 Q. What was your title, if you recall?</p> <p>19 A. I think I came in as planning for</p> <p>20 chronic disease prevention, it was something</p> <p>21 like that, or policy planning. I can't really</p> <p>22 remember what I first came as, because I got</p> <p>23 there and ended up doing a lot of the same</p> <p>24 functions that I did in Cuyahoga County,</p> <p>25 regarding grant management, chronic disease</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. And what does that mean?</p> <p>2 A. Really, it was more just the</p> <p>3 organization of the units, trying to determine</p> <p>4 the structure.</p> <p>5 We were in the process of trying to</p> <p>6 figure out really where public health was</p> <p>7 heading, what sort of new initiatives we should</p> <p>8 be looking into, what the state was telling us</p> <p>9 was important in public health. So we were</p> <p>10 looking at a lot of local -- at the time, the</p> <p>11 community health assessment, as well as the</p> <p>12 community health improvement plan weren't as</p> <p>13 prevalent in public health. It wasn't until</p> <p>14 later.</p> <p>15 We, though, locally, under the</p> <p>16 direction of county executive Mr. McCarthy,</p> <p>17 James McCarthy, in 2003 launched what was known</p> <p>18 as the quality of life initiative, and I was</p> <p>19 responsible for maintaining that quality of</p> <p>20 life initiative, which really looked at the</p> <p>21 quality of life in Summit County, based on a</p> <p>22 core set of indicators, or 20 indicators that</p> <p>23 we tracked over time.</p> <p>24 Q. Okay. I'm sorry. What year was</p> <p>25 that initiative?</p>
<p style="text-align: right;">Page 111</p> <p>1 prevalence, heart disease, hypertension,</p> <p>2 obesity, physical inactivity.</p> <p>3 We had a lot of those grants at the</p> <p>4 time, and I ended up having to help manage some</p> <p>5 of those grants and find additional dollars.</p> <p>6 Q. And that general function you</p> <p>7 described, and whatever the title was at the</p> <p>8 time, how long did you have that position,</p> <p>9 until what year?</p> <p>10 A. Probably three, four years, maybe</p> <p>11 five.</p> <p>12 Q. And were you responsible for</p> <p>13 securing grants related to substance abuse</p> <p>14 issues?</p> <p>15 A. No.</p> <p>16 Q. So after four or five years, you</p> <p>17 take -- you get a new position or new</p> <p>18 responsibilities at Summit County Public</p> <p>19 Health?</p> <p>20 A. It was director of planning and</p> <p>21 policy. Then I became a director. I can't</p> <p>22 remember what that first title was, but then I</p> <p>23 became director of planning and policy -- or</p> <p>24 policy and plans, which was really more</p> <p>25 administrative operations.</p>	<p style="text-align: right;">Page 113</p> <p>1 A. 2003 it started.</p> <p>2 Q. And that was your responsibility --</p> <p>3 A. Yes.</p> <p>4 Q. -- as director of planning and</p> <p>5 policy?</p> <p>6 A. Yes.</p> <p>7 Q. How long did you hold the position</p> <p>8 of director of planning and policy?</p> <p>9 A. Until -- we had merged, and it was</p> <p>10 after the merger. It must have been 2013 and</p> <p>11 maybe 14, I became one of the assistant health</p> <p>12 commissioners.</p> <p>13 Q. Okay. And what were your</p> <p>14 responsibilities in that position?</p> <p>15 A. Title change, but not really</p> <p>16 responsibility change. Had a lot more of</p> <p>17 the -- still had the -- I was still finding</p> <p>18 money and looking at the operations in managing</p> <p>19 the quality of life project.</p> <p>20 At that point though, we were</p> <p>21 starting down the road of accreditation.</p> <p>22 Health departments had to become accredited, so</p> <p>23 we were into accreditation, we were doing all</p> <p>24 sorts of things with the accreditation. So I</p> <p>25 was really kind of doing a hodgepodge of</p>

<p style="text-align: right;">Page 114</p> <p>1 responsibilities.</p> <p>2 Q. As director of planning and policy,</p> <p>3 prior to 2013, did you have any exposure to or</p> <p>4 involvement with the substance abuse programs</p> <p>5 that Summit County Public Health was providing?</p> <p>6 A. No. We weren't providing them</p> <p>7 until 11, so maybe those few years, but I</p> <p>8 didn't have anything to do with them.</p> <p>9 Q. Okay. Prior to 2011 then, what</p> <p>10 were the primary areas that, if not substance</p> <p>11 abuse, that public health was providing?</p> <p>12 A. We were involved with -- you mean,</p> <p>13 before we merged?</p> <p>14 Q. Uh-huh.</p> <p>15 A. We were doing chronic disease, life</p> <p>16 skill behaviors, environmental health, some of</p> <p>17 the social determinants of health around, you</p> <p>18 know, socioeconomic housing, education, food</p> <p>19 insecurities.</p> <p>20 We also continually, during that</p> <p>21 time period, before the Affordable Care Act,</p> <p>22 another one of the programs I was charged with</p> <p>23 developing and operating was access to care,</p> <p>24 which was a donated healthcare program. It's</p> <p>25 an H-CAP, it's a federal model, and what</p>	<p style="text-align: right;">Page 116</p> <p>1 Q. That was being done by Akron?</p> <p>2 A. Akron Health Department.</p> <p>3 Q. Was Barberton as well providing --</p> <p>4 A. No. Barberton was not doing</p> <p>5 anything either.</p> <p>6 Q. Who was the -- well, let me ask a</p> <p>7 foundation question first. Was Akron's public</p> <p>8 health department set up similar to the way</p> <p>9 Summit County Public Health is now?</p> <p>10 A. No.</p> <p>11 Q. Did they have a health</p> <p>12 commissioner?</p> <p>13 A. Health director, yes.</p> <p>14 Q. Health director. Who was the</p> <p>15 health director at the time of the merger?</p> <p>16 A. Well, he was gone but -- he had</p> <p>17 left, that was one of the issues, but his name</p> <p>18 was Dr. Moser, M-O-S-E-R.</p> <p>19 Q. And you may or may not know the</p> <p>20 answer, but was he -- prior to him leaving, had</p> <p>21 he been in that position for a number of years?</p> <p>22 A. No. Just a couple.</p> <p>23 Q. Do you know who his predecessor</p> <p>24 might have been?</p> <p>25 A. Well, because they have got that</p>
<p style="text-align: right;">Page 115</p> <p>1 happens in that project is you recruit</p> <p>2 physicians to donate time.</p> <p>3 Once a physician donates their</p> <p>4 time, they see a client, that we refer them a</p> <p>5 patient. They then generate a bill, they</p> <p>6 generate HCFA, they generate -- so you can keep</p> <p>7 track of what the cost of that donated -- the</p> <p>8 value of that donated care is.</p> <p>9 So we recruited about 500</p> <p>10 physicians and specialists to provide care to a</p> <p>11 group of individuals that weren't eligible for</p> <p>12 any kind of health coverage.</p> <p>13 Q. Okay.</p> <p>14 A. We ran that program until Medicaid</p> <p>15 expansion in Ohio, which is almost four years</p> <p>16 ago now. We still operate a very small</p> <p>17 access-to-care program, but don't need to do as</p> <p>18 much of that now, because people have access to</p> <p>19 healthcare coverage.</p> <p>20 Q. So, and you had mentioned this</p> <p>21 earlier, and I apologize for forgetting we</p> <p>22 talked about it, but prior to 2011, Summit</p> <p>23 County Public Health wasn't providing substance</p> <p>24 abuse services?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 117</p> <p>1 charter requirement, that you have to have a</p> <p>2 board certified physician and prevention, they</p> <p>3 are hard to find. So Dr. Keck left. Dr. Bill</p> <p>4 Keck was the health commissioner.</p> <p>5 They then had a series of</p> <p>6 administrators who took care -- who kind of</p> <p>7 worked as just, sort of, interim. They had</p> <p>8 Mike Smiley, we had -- they had a lot of folks</p> <p>9 who were just kind of interim in that position,</p> <p>10 and then they found Dr. Moser, and then he took</p> <p>11 over.</p> <p>12 So I want to say maybe three to</p> <p>13 four years maybe, and then he retired. I think</p> <p>14 he still works for NEOMED though, the medical</p> <p>15 school.</p> <p>16 Q. And we are talking about Dr. Moser</p> <p>17 still?</p> <p>18 A. Right.</p> <p>19 Q. Dr. Keck, is that K-E-C-K?</p> <p>20 A. Yes. Bill Keck, yeah.</p> <p>21 Q. Is he still in the area?</p> <p>22 A. Bill Keck?</p> <p>23 Q. Yes.</p> <p>24 A. Oh, yes.</p> <p>25 Q. Does he work for any of the local</p>

<p style="text-align: right;">Page 118</p> <p>1 institutions?</p> <p>2 A. He might still have something at</p> <p>3 NEOMED. He's in Cuba a lot. He does a lot of</p> <p>4 Cuban healthcare.</p> <p>5 Q. Now, we talked very briefly, early</p> <p>6 in the deposition, about how your initial</p> <p>7 exposure to the litigation was being asked to</p> <p>8 try to find Akron -- records from this prior</p> <p>9 organization, Akron's health department. Do</p> <p>10 you recall we talked about that?</p> <p>11 A. No, they asked costs that we had as</p> <p>12 the health district, not Akron's. We don't</p> <p>13 have Akron's stuff.</p> <p>14 Q. Well, and that's what I was about</p> <p>15 to ask. So I will ask it anyway.</p> <p>16 A. Oh, no. It was a clean break.</p> <p>17 When we merged, we said you take you stuff, we</p> <p>18 take our stuff.</p> <p>19 Q. So anything related to substance</p> <p>20 abuse services provided by Akron is not</p> <p>21 maintained currently by Summit County Public</p> <p>22 Health?</p> <p>23 A. No, it is not.</p> <p>24 Q. Do you know what happened to the</p> <p>25 records of Akron's health department at the</p>	<p style="text-align: right;">Page 120</p> <p>1 MS. KEARSE: I'm just going to</p> <p>2 raise an objection. I think there was counsel</p> <p>3 involved in the request. That would be</p> <p>4 privileged information.</p> <p>5 Q. Did Akron's health department have</p> <p>6 its own board of health, overseeing its</p> <p>7 department?</p> <p>8 A. Yes. In the charter, they have a</p> <p>9 five-member board that looks at directing and</p> <p>10 advises the mayor on health issues.</p> <p>11 Q. So immediately above you, for</p> <p>12 example, on Exhibit 1, is a board of health?</p> <p>13 A. Correct.</p> <p>14 Q. And those are appointed?</p> <p>15 A. No.</p> <p>16 Q. No.</p> <p>17 A. Well, kind of. Not really</p> <p>18 appointed, in the sense of appointed.</p> <p>19 Within the structure of a board of</p> <p>20 health, it is governed by a district advisory</p> <p>21 council, meaning that every single city, and</p> <p>22 then political subdivision, can have a member</p> <p>23 on our board.</p> <p>24 So our board is large. It's 18</p> <p>25 members, unlike many health districts</p>
<p style="text-align: right;">Page 119</p> <p>1 time of the merger?</p> <p>2 A. Unfortunately, no.</p> <p>3 Q. Now, some of the employees -- some</p> <p>4 of the current public health employees,</p> <p>5 particularly in the substance abuse arena,</p> <p>6 seemed to have been prior employees of Akron's</p> <p>7 health department?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know, did they bring, for</p> <p>10 example, client or treatment records with them,</p> <p>11 when they came, to maintain continuity of care?</p> <p>12 A. They may have. I don't know that</p> <p>13 for sure.</p> <p>14 Q. And just to clarify, what I thought</p> <p>15 I heard from you about the budget information,</p> <p>16 you were asked to provide financial information</p> <p>17 regarding Akron's contribution to public health</p> <p>18 since 2011, or to find pre-2011 records from</p> <p>19 Akron's --</p> <p>20 A. No. They had asked us for any</p> <p>21 costs we had associated with opioids or opiates</p> <p>22 for, like, 14, 15, and 16, which would have</p> <p>23 been our years. That was it.</p> <p>24 Q. Okay. But it was Akron making that</p> <p>25 request of you and your agency?</p>	<p style="text-align: right;">Page 121</p> <p>1 surrounding the state that are not that large.</p> <p>2 But we have the 13 cities, we have four</p> <p>3 at-large members, so that makes 17. They</p> <p>4 represent the townships and the villages. And</p> <p>5 then we have one licensing counsel member,</p> <p>6 because we levy license fees, and they are</p> <p>7 allowed to weigh in on what the licensing costs</p> <p>8 are.</p> <p>9 So our 18-member board is very</p> <p>10 different. So when, let's say, the City of</p> <p>11 Green wants to have a member, the mayor can</p> <p>12 pick whoever he wants and put on our board.</p> <p>13 Q. Okay.</p> <p>14 A. Many of our board of health members</p> <p>15 have served for years.</p> <p>16 Q. And so the district advisory</p> <p>17 counsel are the actual executives of those</p> <p>18 cities and --</p> <p>19 A. Political subdivision, correct.</p> <p>20 Q. And so they have the ability to</p> <p>21 select the member who is going to represent</p> <p>22 their subdivision on the board of health?</p> <p>23 A. Yes. But they usually ask us, "Do</p> <p>24 you know anybody?"</p> <p>25 Q. What is the role of the board of</p>

<p style="text-align: right;">Page 122</p> <p>1 health, how do you interact with the board of</p> <p>2 health?</p> <p>3 A. We have a monthly meeting. The</p> <p>4 board of health is an administrative -- again,</p> <p>5 they are required to sign off on all the</p> <p>6 approvals, travel, they approve all of our</p> <p>7 vouchers, but they are an administrative board.</p> <p>8 Q. Do they approve line-item expenses?</p> <p>9 A. In the -- they approve the final</p> <p>10 budgets, but they do not have to approve</p> <p>11 expenditures at a line-item level.</p> <p>12 Q. So hypothetically, if Summit County</p> <p>13 Public Health contracts with an outside</p> <p>14 provider for anything, make something up, that</p> <p>15 would be done externally, does the board of</p> <p>16 health have to approve that contract before you</p> <p>17 enter into it?</p> <p>18 A. If it is over \$25,000.</p> <p>19 Q. Otherwise, you have currently --</p> <p>20 A. Right.</p> <p>21 Q. -- discretion?</p> <p>22 A. And we report that to them and tell</p> <p>23 them what we do.</p> <p>24 Q. So you have quarterly meetings with</p> <p>25 the board of health?</p>	<p style="text-align: right;">Page 124</p> <p>1 A. No. Volunteer. All volunteer.</p> <p>2 Q. We were talking a little bit about</p> <p>3 the transition from Akron's function with the</p> <p>4 substance abuse to now Summit County Public</p> <p>5 Health, and there was some names I wanted to</p> <p>6 ask you about, one of whom came up. Gene</p> <p>7 Nixon, he was your immediate predecessor?</p> <p>8 A. Yes.</p> <p>9 Q. I think you said he was there from</p> <p>10 2000 to 2015 roughly?</p> <p>11 A. Yes.</p> <p>12 Q. When you were directing your staff,</p> <p>13 your colleagues, to compile records for this</p> <p>14 litigation, do you know whether Mr. Nixon's</p> <p>15 records were collected?</p> <p>16 A. I can't honestly -- I mean, I</p> <p>17 really don't know, to be quite frank. They did</p> <p>18 just an archive dump. So I would assume</p> <p>19 anything in there archived would have come with</p> <p>20 it.</p> <p>21 Q. And "archive dump," what are you --</p> <p>22 A. When we had -- all the records are</p> <p>23 kept electronically. So we just went in and, I</p> <p>24 think, literally just took it and loaded it to</p> <p>25 a jump and gave it, because we were told</p>
<p style="text-align: right;">Page 123</p> <p>1 A. We have monthly.</p> <p>2 Q. Monthly, I'm sorry. I actually</p> <p>3 wrote that down.</p> <p>4 And to your knowledge, did Akron's</p> <p>5 health department have a similar structure,</p> <p>6 even if the numbers were different?</p> <p>7 A. No. They have a five-member board.</p> <p>8 Q. And who selected those board</p> <p>9 members?</p> <p>10 A. The mayor.</p> <p>11 Q. All right. And is all of this</p> <p>12 governed by state law?</p> <p>13 A. They are charter. It's the city</p> <p>14 charter, but the DAC boards of health is</p> <p>15 revised code.</p> <p>16 Q. Okay. Gotcha.</p> <p>17 A. The board of health still exists</p> <p>18 within Akron. They didn't change the charter,</p> <p>19 when they merged.</p> <p>20 Q. So there is a currently</p> <p>21 operating --</p> <p>22 A. We haven't met in seven years.</p> <p>23 Q. But it still exists on paper?</p> <p>24 A. Yes.</p> <p>25 Q. Are people getting paid for it?</p>	<p style="text-align: right;">Page 125</p> <p>1 everybody else would go through anything. So</p> <p>2 any open records request we get, we give what</p> <p>3 they ask for.</p> <p>4 Q. And to follow up on what you said,</p> <p>5 were you responsible for dumping your own</p> <p>6 electronic documents to a flash drive?</p> <p>7 A. No.</p> <p>8 Q. So somebody came in and did that?</p> <p>9 A. Yes. You don't want me doing that.</p> <p>10 Q. Yeah. So with respect to how you</p> <p>11 operate on a day-to-day basis, interacting by</p> <p>12 email or memos and things like that, do you</p> <p>13 store documents on your hard drive?</p> <p>14 A. On the computer?</p> <p>15 Q. Yes.</p> <p>16 A. We're not allowed.</p> <p>17 Q. Okay. Where do you store them?</p> <p>18 A. They all go to our public drives.</p> <p>19 HSL shared library, and even my H drive, which</p> <p>20 is on -- so like my space on the big, old</p> <p>21 server, it's not mine to control. So when you</p> <p>22 dump it, I don't -- whatever I have in there is</p> <p>23 in there.</p> <p>24 Q. So you wouldn't be able to go in,</p> <p>25 for example, and delete something?</p>

<p style="text-align: right;">Page 126</p> <p>1 A. No.</p> <p>2 Q. And is the process for how those</p> <p>3 documents are saved automatic, or do you have</p> <p>4 to move documents over from, for example, your</p> <p>5 email into one of the H or S or other drives?</p> <p>6 A. No. It's automatic?</p> <p>7 Q. When you create a document,</p> <p>8 hypothetically, if you created a document in</p> <p>9 Microsoft Word, where would that document save</p> <p>10 to?</p> <p>11 A. H, L or S. I do have a bad habit</p> <p>12 of working on my desktop until I get it done</p> <p>13 and then sending it, and IT sends me hate mail</p> <p>14 and takes it over to H.</p> <p>15 Q. And your emails, do you manually</p> <p>16 delete them, or do you put everything into</p> <p>17 archive folders?</p> <p>18 A. Archive. The only thing that we</p> <p>19 are allowed to delete is like transitional</p> <p>20 emails. "Do you want to go to lunch?" "How is</p> <p>21 your mother?" We are not allowed to delete</p> <p>22 anything with any content.</p> <p>23 Q. And do you know what the -- we</p> <p>24 talked just very briefly about the document</p> <p>25 retention policy --</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. And did you have any responsibility</p> <p>2 for making sure that that was something that</p> <p>3 was collected --</p> <p>4 A. No.</p> <p>5 Q. -- by -- but somebody just took</p> <p>6 care of the hard drive, the email system, they</p> <p>7 just did that document dump that you talked</p> <p>8 about?</p> <p>9 A. Yes.</p> <p>10 Q. And then, I'm sorry, going back to</p> <p>11 Mr. Nixon, you don't know whether someone</p> <p>12 specifically found and collected his, for</p> <p>13 example, emails or his former hard drive?</p> <p>14 MS. KEARSE: Asked and answered,</p> <p>15 that question, but --</p> <p>16 A. No, I don't. If it was in those</p> <p>17 archives, it got dumped.</p> <p>18 Q. I saw another name, Rich --</p> <p>19 A. Marountas.</p> <p>20 Q. Marountas. All right. He is an</p> <p>21 epidemiologist?</p> <p>22 A. Yes.</p> <p>23 Q. And how long has he worked for</p> <p>24 Summit County Public Health?</p> <p>25 A. Oh, probably for about 12 years.</p>
<p style="text-align: right;">Page 127</p> <p>1 A. It wouldn't matter if you --</p> <p>2 THE NOTARY: Wait a minute.</p> <p>3 A. I'm sorry. Even if you delete</p> <p>4 them, they are still saved.</p> <p>5 Q. But as a practice, you only delete</p> <p>6 those transition emails or anything else?</p> <p>7 A. Yes.</p> <p>8 Q. Do you move those into subject</p> <p>9 matter archives?</p> <p>10 A. No. They are automatically saved.</p> <p>11 Q. So if you were to open your</p> <p>12 computer right now and use your email program,</p> <p>13 would you see five years' worth of emails?</p> <p>14 A. Yeah.</p> <p>15 Q. And just to be clear, do you have</p> <p>16 any subject matter folders in your email system</p> <p>17 that you save things to?</p> <p>18 A. I do sometimes, yes.</p> <p>19 Q. Do you have one of those subject</p> <p>20 matter folders for anything related to</p> <p>21 substance abuse or opioids?</p> <p>22 A. Yes.</p> <p>23 Q. How long have you been maintaining</p> <p>24 that particular folder?</p> <p>25 A. Probably a couple years.</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. So he was with Summit County prior</p> <p>2 to the merger, or did he come over with the</p> <p>3 merger?</p> <p>4 A. He was prior.</p> <p>5 Q. Were you responsible for</p> <p>6 communicating to Summit County Public Health</p> <p>7 employees the requirements of or the</p> <p>8 circumstances regarding the production of</p> <p>9 documents for this litigation?</p> <p>10 A. We met, and it's handled like any</p> <p>11 records request. So when we get a records</p> <p>12 request and it says dump, or we need all of</p> <p>13 your sewage files, we don't debate whether we</p> <p>14 should give them up or not. We just take the</p> <p>15 sewage files, load them on whatever. Sometimes</p> <p>16 they give us something, and we have had the</p> <p>17 case where somebody will say, can you print the</p> <p>18 sewage documents, and that's millions of pages,</p> <p>19 and we'll say, that's an reasonable request, we</p> <p>20 will give them to you electronically.</p> <p>21 But typically we just meet, say</p> <p>22 this is what they want, what's the best way to</p> <p>23 give it to them, and then we give it up. We</p> <p>24 probably handle 3,000 record requests a year.</p> <p>25 Q. And -- strike that.</p>

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1 Going back to your background, we
2 talked about your education, we talked about
3 your employment with Summit County Public
4 Health.
5 Have you had, since you took the
6 position of health commissioner, any further
7 education or training on substance abuse
8 issues?
9 A. I have attended meetings and
10 trainings, but that would be in continuing
11 education courses.
12 Q. So you are still required to
13 maintain --
14 A. Yes.
15 Q. -- continuing education for your
16 dietitian?
17 A. Correct.
18 Q. Did you take any of those kind of
19 continuing education courses on substance abuse
20 prior to 2015 when you became health
21 commissioner?
22 A. No.
23 Q. So you have done that since?
24 A. Yes.
25 Q. And roughly how many programs do

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1 you think you have taken since 2015 on
2 substance abuse issues?
3 A. Five or six.
4 Q. Were any or all of them opioid
5 related?
6 A. Most were.
7 Q. Anything else you have done since
8 2015 to educate yourself on opioids or opioid
9 addiction or substance abuse generally?
10 A. Yes.
11 Q. What else?
12 A. I work closely with Doug Smith,
13 general conversations with individuals in the
14 field, talked to Jackie a lot about, you know,
15 protocols. I have read a tremendous amount
16 about what we can do, as a public health
17 entity, to help keep people alive until they
18 get to treatment and hopefully recover.
19 So I have done a lot of personal
20 training and education.
21 Q. Other than conversations, does that
22 personal education involve reading medical
23 literature --
24 A. Yes.
25 Q. -- or journal articles?

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1 A. Oh, yes. It is all refereed
2 journaled articles that are credible.
3 Q. And when you engage in that
4 process, is it typically because somebody sent
5 you something, or do you go out and try to
6 educate yourself and see --
7 A. I educate myself.
8 Q. And to be clear, did you do any of
9 these things prior to 2015 when you became
10 health commissioner?
11 A. No. The only thing I can say that
12 I was trained on prior to that was more in
13 relationship to addiction in general and the
14 relationship to food and all substances.
15 Because there is, in the dietetics world, there
16 is that food addiction.
17 Q. So the concept of addiction was
18 something that you understood --
19 A. Correct.
20 Q. -- and had been educated on, but
21 not, for example, opioid addiction?
22 A. Correct.
23 Q. Conversations with, I'm going to
24 say the word, you didn't say it necessarily,
25 but conversations with experts, reviewing

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1 journal articles, was there anything else you
2 had done since taking the position of health
3 commissioner to educate yourself on substance
4 abuse issues?
5 A. We participate with the Ohio
6 Association of Health Commissioners, OAHC.
7 It's the association of Ohio health
8 commissioners.
9 Also there is the Ohio Public
10 Health Association, Ohio Public Health, and
11 APHA, the American Public Health Association,
12 and NACCHO, National Association of City and
13 County Health Officials. We have worked with
14 them and done -- you know, completed surveys,
15 talked about current trends, used their
16 knowledge and information to help us.
17 Q. Anything else?
18 A. I think we were on program areas,
19 what should we be doing from a programmatic
20 area.
21 Q. So consulting on, kind of, best
22 practices for implementing various programs?
23 A. Yeah, promising strategies.
24 Q. Anything else, to close the loop,
25 conversations, reviewing journal articles,

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1 consulting with various state or other
2 entities, organizations?
3 A. Probably not. Opiate Task Force,
4 we talked a lot, worked with them.
5 Q. The Opiate Task Force, my
6 understanding, was formed in early 2014; does
7 that sound right?
8 MS. KEARSE: Objection.
9 Q. Have you been involved with that
10 since the beginning?
11 A. Not as much. My responsibilities
12 were different during 14 and half of 15. So I
13 really wasn't as involved, until I took over as
14 health commissioner.
15 Q. Okay. Were you generally aware in
16 the early 2014 time frame about the
17 circumstances why it was formed?
18 A. Yes.
19 Q. What is your understanding, as to
20 how it was formed?
21 A. How?
22 Q. Yeah.
23 A. The ADM board, ADM, wanted to
24 pursue the development of the Opiate Task Force
25 in Summit County, like many other communities

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1 had done. So they started to bring together
2 individuals. At the time, it would have been
3 probably Tonya Block and Yvette Edwards, maybe
4 Donna Barrett, I'm not sure. But Jackie wasn't
5 with us yet.
6 So they brought together some
7 individuals from public health, from the
8 practitioners, providers, and started the talk
9 about how do they develop this, what does it
10 look like.
11 Within Summit County, there is a
12 few families that have been very active in
13 pushing for the development of an Opiate Task
14 Force. They lost their children, and so they
15 have been very, very active.
16 And so that helped, sort of, the
17 impetus, and so they brought a bunch of
18 individuals together, decided they were going
19 to start meeting, and I do believe, and I
20 wasn't directly involved until later on, but I
21 do believe they, kind of, hit the ground
22 running with bringing lots of partners to the
23 table.
24 Q. And just to be clear, when you say
25 "they," you are talking about --

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1 A. The alcohol, drug, mental health
2 board, yes.
3 Q. So as far as the driving force for
4 the initiation of the task force, correct me if
5 I'm wrong, it was ADM?
6 A. Yes.
7 Q. And were there -- was there a
8 person or persons primarily, to your
9 understanding, involved in pulling everything
10 together from ADM?
11 A. I believe at the time it was Jerry
12 Craig, and John Ellis was there. He was their
13 director of clinical programs. John Ellis was
14 there at the time. He has since left, and he
15 works at the University of Akron now.
16 So, yeah, those were the two that I
17 remember.
18 Q. Was John Ellis still with ADM by
19 the time you became health commissioner, or had
20 he left?
21 A. I think he probably left
22 pretty -- I can't remember the exact time
23 frame.
24 Q. And is it your understanding then
25 that when ADM started pulling this task force

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1 together, they reached out to Summit County
2 Public Health --
3 A. Yes.
4 Q. -- for their involvement?
5 A. Right.
6 Q. And I assume that there is a
7 relationship between your public health agency
8 and ADM, continuing relationship?
9 A. Yes.
10 Q. So did they reach out directly to
11 Mr. --
12 A. Nixon.
13 Q. -- Nixon?
14 A. I don't know.
15 Q. Did you ever talk to Mr. Nixon
16 about the formation of the task force?
17 A. No, I did not.
18 Q. So let me make a statement, and let
19 me know if you agree with it. Prior to 2015,
20 you were aware of the task force, but you
21 weren't involved, and then you became involved
22 with it after you became health commissioner?
23 A. True.
24 Q. Are you aware of the -- I might not
25 get this right, but youth behavioral risk

<p style="text-align: right;">Page 138</p> <p>1 survey --</p> <p>2 A. Yes.</p> <p>3 Q. -- that was done in 2013?</p> <p>4 A. Yes.</p> <p>5 Q. Was that something you were</p> <p>6 involved in planning or executing for Summit</p> <p>7 County Public Health?</p> <p>8 A. Finding money to pay for it.</p> <p>9 Planning it and finding money and getting the</p> <p>10 contractor on board, Case Western Reserve</p> <p>11 University.</p> <p>12 Q. So you were part of the planning</p> <p>13 process?</p> <p>14 A. Yes.</p> <p>15 Q. Seeking funds?</p> <p>16 A. Yes.</p> <p>17 Q. Were you actually involved in going</p> <p>18 out and retaining the outside agency that was</p> <p>19 going to perform the study?</p> <p>20 A. Actually, it was a bid that was put</p> <p>21 out. I was familiar with Case Western's work</p> <p>22 in Cuyahoga County, since we did it when we</p> <p>23 were there, and they have an ongoing</p> <p>24 relationship.</p> <p>25 We weren't necessarily going to pay</p>	<p style="text-align: right;">Page 140</p> <p>1 try to keep.</p> <p>2 And then also we met with -- I met</p> <p>3 with the Copley PTA, because they were upset</p> <p>4 that the administrators wanted to take all the</p> <p>5 sexual behavior questions off, and the parents</p> <p>6 did not want the sexual behavior questions</p> <p>7 taken off.</p> <p>8 So I met with them, those were my</p> <p>9 two meetings, other than meeting with Case, to</p> <p>10 get their bills paid or to get that sort of</p> <p>11 stuff. But that was the idea of hiring a</p> <p>12 contractor, that they would be able then to</p> <p>13 come do the program for us.</p> <p>14 Q. And once Case was on board to</p> <p>15 perform the survey, did anybody from Summit</p> <p>16 County Public Health or ADM actually -- was</p> <p>17 anyone from those organizations actually</p> <p>18 involved in conducting surveys, reviewing data?</p> <p>19 A. Yes. A lot of us were, in that we</p> <p>20 looked at the -- I'm trying to remember. For</p> <p>21 the first time we did the survey, there may</p> <p>22 have been some employee volunteers that went to</p> <p>23 the classrooms, because at first it was paper,</p> <p>24 and a couple of schools, because they couldn't</p> <p>25 use the Scantron sheets, so we may have had</p>
<p style="text-align: right;">Page 139</p> <p>1 for our own youth risk behavior survey, but the</p> <p>2 State of Ohio came out and said they were only</p> <p>3 going to do 50 children in Summit County, for</p> <p>4 the entire county, and that would not have been</p> <p>5 a large sample size, and the ADM board and --</p> <p>6 or there were are a lot of people from public</p> <p>7 health and ADM involved.</p> <p>8 And we decided we needed a good</p> <p>9 baseline sample. We did not have a good</p> <p>10 baseline sample for risk behaviors in children,</p> <p>11 youngsters, either through middle school,</p> <p>12 through high school.</p> <p>13 So we both went back to our</p> <p>14 respective wherever, found the money, came back</p> <p>15 together again and said, let's go ahead and do</p> <p>16 this.</p> <p>17 Q. Once Case Western was on board to</p> <p>18 perform the survey, did you have any continuing</p> <p>19 involvement in the survey?</p> <p>20 A. Actually, we met -- I had two</p> <p>21 meetings. We met with the superintendents</p> <p>22 group to talk about the importance of</p> <p>23 implementing this in their schools, and that</p> <p>24 was under my hat, of like the quality of life,</p> <p>25 you know, the assessment piece we were doing to</p>	<p style="text-align: right;">Page 141</p> <p>1 some employees volunteer to do that.</p> <p>2 And then what was probably more</p> <p>3 important was, in order to get it funded, we</p> <p>4 had to agree to put some gambling questions on,</p> <p>5 because that's where some of the money came</p> <p>6 from. So we did add the gambling questions.</p> <p>7 And then the data came out. We</p> <p>8 wanted Case to be the owner of all of the</p> <p>9 information and the data, and they were the</p> <p>10 owner of all that material. So we then</p> <p>11 received only aggregate reports from them after</p> <p>12 that. So we reviewed the data they provided to</p> <p>13 us, but it was all aggregate.</p> <p>14 Q. And you specifically, at the</p> <p>15 time -- well, let me take a half step back.</p> <p>16 When you say, "The aggregate</p> <p>17 information," are you talking about the report,</p> <p>18 for example?</p> <p>19 A. Yes.</p> <p>20 Q. Did you yourself review the report?</p> <p>21 A. Yes.</p> <p>22 Q. Has there been any updated research</p> <p>23 done since 2013, when that survey was</p> <p>24 performed?</p> <p>25 A. We are launching it. It starts</p>

<p style="text-align: right;">Page 142</p> <p>1 September this year again. We do it every five 2 years. It's what we can afford to do. So -- 3 and we wanted enough of a time period where 4 some of the interventions that were put in 5 place, maybe we could see some of the behavior 6 changes. So it will start again in September 7 of 18. 8 Q. Is it going to be the same subject 9 matter areas? 10 A. The youth risk behavior survey is 11 validated. It is a CDC product. There is 12 only -- you have to have a core set of 13 questions, and then you can change a few, a 14 percentage, but if you change too many, it's no 15 longer comparable to other areas and other 16 regions. 17 So we abide by all the statistical 18 analysis rules, to make sure we are not going 19 to screw up the sample. So Case will decide 20 that. We will tell them areas that we want to 21 question in, but they will make sure that it 22 stays within the validity of the survey. 23 Q. And you anticipated my next 24 question, which was going to be, is Case 25 performing a study as well?</p>	<p style="text-align: right;">Page 144</p> <p>1 derogatorily stated, but we don't pay much 2 attention, because they don't have a big enough 3 sample size. 4 I mean, it's great if you are 5 looking at youth across the country, but it's 6 not if you are trying to figure out what's 7 going on in your own community. 8 And if the sample sizes aren't big 9 enough, and the Ohio Department of Health never 10 had the money to do a big, full scale, so they 11 did these very small samples, and, 12 unfortunately, they couldn't even tell us where 13 the samples were from. 14 So we don't know who we're talking 15 to or what their -- statistically, it's great 16 for the whole state, but it is not drillable. 17 You can't drill down small enough to know if it 18 really applies to your county, if that makes 19 sense to you. 20 Q. Yeah, it does, and my recollection 21 from that report is, and we can pull it out if 22 we have to, but there were roughly 18,000 23 students that were surveyed? 24 A. Yes. 25 Q. So are you telling me that, for</p>
<p style="text-align: right;">Page 143</p> <p>1 A. Correct. They are about the only 2 ones in town that will do it now, because it is 3 very labor intensive. 4 Q. Now, you mentioned CDC. Does the 5 CDC also perform these studies on a national 6 basis? 7 A. Well, they used to do it a little 8 better. They used to get a company, and then 9 they would contract with the states. Well, 10 every three years, the vendor has to turn over, 11 by rule. So they had to get a new vendor. 12 So they got a new vendor, and then 13 each of the states didn't like the new vendor. 14 So some of the states went with that vendor, 15 some didn't, so it is kind of a real hodgepodge 16 out there now, but the CDC does do the risk 17 behavior surveys. 18 Q. And they had done them, for 19 example, prior to 2013? 20 A. Oh, yeah. 21 Q. When you were planning this project 22 on behalf of Summit County, did you review the 23 CDC's prior reports on -- 24 A. Oh, I have always seen them. We 25 don't -- and this isn't meant to be</p>	<p style="text-align: right;">Page 145</p> <p>1 example, when the State of Ohio did it, they 2 didn't have enough -- 3 A. They were going to do 100 kids. 4 Q. From who knows where? 5 A. Yeah. 6 Q. You mentioned seeking funds for the 7 project. I don't recall if I asked or if you 8 told me already, but where did the funds come 9 from that they -- 10 A. It was grant money. 11 Q. From the State of Ohio? 12 A. No, no. It was local funds. It 13 was from the quality of life project, and we 14 had some carryover from the year before, so we 15 used that, which is all local money. 16 Q. And was 2013 the first time that 17 you are aware of that Summit County performed a 18 survey like this? 19 A. On our own we did it, yes. 20 Q. What existed prior to that that 21 wasn't on your own? 22 A. We just used the state survey. 23 Q. Which you have some issues -- 24 A. Right. 25 Q. -- regarding the quality of the</p>

<p style="text-align: right;">Page 146</p> <p>1 data?</p> <p>2 A. Correct.</p> <p>3 Q. Okay. Turning back, a little bit</p> <p>4 back towards your --</p> <p>5 THE NOTARY: She was talking at the</p> <p>6 same time he was. Did you object?</p> <p>7 MS. KEARSE: Form objection.</p> <p>8 Q. We had run through your education,</p> <p>9 your training on substance abuse issues. Have</p> <p>10 you undertaken to educate yourself on FDA</p> <p>11 regulations?</p> <p>12 A. Some.</p> <p>13 Q. What FDA regulations have you</p> <p>14 looked into or educated yourself on?</p> <p>15 A. Locally -- well, it's probably more</p> <p>16 state law than FDA, are the OARRS requirements,</p> <p>17 and some of the regulation about what should</p> <p>18 happen when there is a distribution of opioids.</p> <p>19 And a lot of that came through</p> <p>20 emergency preparedness, because we are</p> <p>21 required -- we were looking at just in general</p> <p>22 for -- we are required to keep a stockpile of</p> <p>23 antibiotics, and we were debating whether we</p> <p>24 should do that again, because it was so</p> <p>25 expensive.</p>	<p style="text-align: right;">Page 148</p> <p>1 and OARRS or --</p> <p>2 A. Well, OARRS, I also looked at all</p> <p>3 the OARRS requirements about reporting. So</p> <p>4 that is state rule.</p> <p>5 Q. Right. Okay. So I just want to</p> <p>6 make sure we are not talking about two</p> <p>7 different things.</p> <p>8 A. No. I'm talking about the FDA with</p> <p>9 the Strategic National Stockpile, and then I</p> <p>10 was reading about the rules, and OARRS was</p> <p>11 separate.</p> <p>12 Q. So the opioid regulations, you were</p> <p>13 not referring to FDA regulations, you were</p> <p>14 referring to the State of Ohio OARRS --</p> <p>15 A. OARRS, but no, no. Then when I said</p> <p>16 about we were looking at FDA rules around this</p> <p>17 Strategic National -- that was FDA rules.</p> <p>18 Q. Are those opioid related?</p> <p>19 A. Well, then I stumbled across it and</p> <p>20 kept reading about how you were supposed to</p> <p>21 tell if you download -- if you sent a bunch of</p> <p>22 drugs to an area, you should tell somebody you</p> <p>23 were doing that, and all of those rules around</p> <p>24 who you had to notify and what had to be</p> <p>25 notified.</p>
<p style="text-align: right;">Page 147</p> <p>1 And like at the time doxycycline</p> <p>2 and Cipro were so expensive, and we purchased</p> <p>3 it, and like it was going to go -- it was going</p> <p>4 to expire, and we couldn't use it.</p> <p>5 And it was killing me that I knew</p> <p>6 these free clinics and everybody was</p> <p>7 struggling, and these drugs would have been so</p> <p>8 helpful.</p> <p>9 So we were looking into the FDA</p> <p>10 regs about, you know, can we use these, is</p> <p>11 there a longer-than-life expectancy, are they</p> <p>12 really good still but we -- because we couldn't</p> <p>13 afford to replace them, with the stockpile.</p> <p>14 So when we were doing that, we were</p> <p>15 reviewing other requirements for FDA, and one</p> <p>16 of the things we came -- I was reading about, I</p> <p>17 remember reading about is, you know, there are</p> <p>18 certain rules and regulations about how you</p> <p>19 distribute opioids and what you do and who you</p> <p>20 got to call and what you got to tell them when</p> <p>21 you do these things, these distributions.</p> <p>22 Q. And I want to make sure we are</p> <p>23 talking about the same thing, because I had</p> <p>24 asked you about FDA regulation, you said yes,</p> <p>25 but then you said, well, maybe they were state</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. Okay. And are those FDA</p> <p>2 regulations or are they perhaps DEA</p> <p>3 regulations?</p> <p>4 A. They may have been DEA. Now that</p> <p>5 you say that, you could be correct.</p> <p>6 Q. When, roughly, was this that you</p> <p>7 were looking into it?</p> <p>8 A. It would have been about a year</p> <p>9 ago, maybe two. Because those drugs expired,</p> <p>10 and we only bought enough for the safety</p> <p>11 forces, to start.</p> <p>12 Q. And if I were to ask you questions,</p> <p>13 and one of my colleagues may later in the day,</p> <p>14 about what those requirements are for</p> <p>15 notification, so who has to notify whom, would</p> <p>16 you be able to talk about those in --</p> <p>17 A. No, because I was just reading</p> <p>18 about it and remembering that when you said</p> <p>19 that to me.</p> <p>20 Q. All right. Going back to the FDA</p> <p>21 regs, have you ever read anything regarding the</p> <p>22 new drug approval process?</p> <p>23 A. Yes.</p> <p>24 Q. And what have you read about that?</p> <p>25 A. Just the process to you get drugs</p>

<p style="text-align: right;">Page 150</p> <p>1 approved, but it wasn't because of opioids.</p> <p>2 Q. Okay. Would that be something that</p> <p>3 you would feel comfortable standing up in front</p> <p>4 of your public health colleagues and lecturing</p> <p>5 on?</p> <p>6 A. No.</p> <p>7 Q. Have you reviewed any of the FDA</p> <p>8 regulations related to approval of generic</p> <p>9 drugs?</p> <p>10 A. No.</p> <p>11 Q. How about the process for</p> <p>12 implementing or changing warnings that come</p> <p>13 with, for example, opioids?</p> <p>14 A. No. I would have no reason to.</p> <p>15 Q. How about any FDA regulations</p> <p>16 regarding the advertising or promotion of</p> <p>17 FDA-regulated products?</p> <p>18 A. No. Again, I would have no reason.</p> <p>19 We don't --</p> <p>20 Q. Other than the DEA regs or the</p> <p>21 regulations that might have been DEA</p> <p>22 regulations that we talked about just a moment</p> <p>23 or two ago, anything -- any other DEA</p> <p>24 regulations you might have read regarding --</p> <p>25 A. The only one that comes to mind is</p>	<p style="text-align: right;">Page 152</p> <p>1 A. We do, out of general revenue.</p> <p>2 Q. Is there a number per box that you</p> <p>3 can cite to us for administration?</p> <p>4 A. You mean the cost?</p> <p>5 Q. Yeah.</p> <p>6 A. Well, the whole program cost us</p> <p>7 about 40,000. Most of that is incineration</p> <p>8 though. We have to burn, the medications have</p> <p>9 to be incinerated.</p> <p>10 Q. And 40,000 per year?</p> <p>11 A. Yes.</p> <p>12 Q. And those dump boxes aren't</p> <p>13 specific to just opioids, correct --</p> <p>14 A. Correct.</p> <p>15 Q. -- they are any pharmaceuticals?</p> <p>16 A. Oh, yes. Yes.</p> <p>17 Q. When did Summit County install or</p> <p>18 start installing those boxes?</p> <p>19 A. 2005 maybe, 2006.</p> <p>20 Q. So we were talking about DEA regs.</p> <p>21 There was the distribution, you mentioned, five</p> <p>22 minutes or so ago, and then the regulations</p> <p>23 regarding these dump boxes. Any other DEA</p> <p>24 regs --</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 151</p> <p>1 I did read about dump boxes. We do the, you</p> <p>2 know, the drug disposal boxes.</p> <p>3 We wanted to expand the program,</p> <p>4 and I was reading the DEA rules around that,</p> <p>5 they have to be under direct video</p> <p>6 surveillance, and it has to be a police force,</p> <p>7 there has to be an actual police force.</p> <p>8 So we just couldn't put dump boxes</p> <p>9 all over the community, which is what we wanted</p> <p>10 to do, and that they had to be tied to either a</p> <p>11 police department, a real police department,</p> <p>12 not like a security at the mall, and they had</p> <p>13 to be under video surveillance.</p> <p>14 Q. How many of those dump boxes are</p> <p>15 there in Summit County?</p> <p>16 A. I think we have 15 now.</p> <p>17 Q. And so if I'm hearing you right,</p> <p>18 they all have to be under video surveillance</p> <p>19 and located at a legitimate police force site?</p> <p>20 A. Yes.</p> <p>21 Q. Is that program run by Summit</p> <p>22 County Public Health?</p> <p>23 A. Yes.</p> <p>24 Q. And who funds the maintenance of</p> <p>25 those dump boxes?</p>	<p style="text-align: right;">Page 153</p> <p>1 Q. -- you looked into?</p> <p>2 A. No.</p> <p>3 Q. I have one -- tie off one last</p> <p>4 thing, I think, on general background, and we</p> <p>5 were talking about Summit County Public</p> <p>6 Health's budget roughly after the merger with</p> <p>7 Akron and how it had changed.</p> <p>8 You were able to put a -- you told</p> <p>9 me that there was about one and a half to 1.7</p> <p>10 million dollars spent or budgeted in 2018 for</p> <p>11 substance abuse programs?</p> <p>12 A. Yes.</p> <p>13 Q. Was that just one -- was that just</p> <p>14 the portion of grant money that has been</p> <p>15 received by Summit Count Public Health, or was</p> <p>16 that the total budget?</p> <p>17 A. That was everything in the</p> <p>18 counseling. That didn't include the dump</p> <p>19 program.</p> <p>20 Q. So out of the roughly 24 million</p> <p>21 pot, or revenue, that Summit County Public</p> <p>22 Health has in 2018, that was the slice</p> <p>23 available for substance abuse counseling?</p> <p>24 A. No, not exactly.</p> <p>25 Q. Okay.</p>

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1 A. Because we only have about 12 and a
2 half million in grants. The rest of that money
3 is pretty much designated by state rule. So
4 the 12 and a half we had, about a million and a
5 half went to the substance abuse programs.
6 Q. And of the roughly 12 million in
7 your agency's revenue that isn't from grants --
8 A. Right.
9 Q. -- can you put a number on how much
10 of that goes towards substance abuse programs?
11 A. Well, I can kind of add up in my
12 head. We have about 40 in dump, about 65 for
13 the STARS program, that's about 105 that we
14 have committed. We do buy some naloxone. I
15 don't know how much that is, maybe 5, 10,000.
16 We do buy fentanyl test strips, that's another
17 5,000. So maybe 125, is that where I'm at?
18 Something like that.
19 Q. And the grant money comes from
20 federal, state and/or private sources?
21 A. Usually federal, state, local.
22 Q. Okay.
23 A. But many local foundations don't
24 fund government, because they know we receive
25 subsidies.

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1 Q. And there was a program you were
2 describing, I think it was for the -- how ADM
3 reimburses for certain substance abuse services
4 provided to maybe indigent or underinsured
5 patients?
6 A. Correct.
7 Q. Where in the budget does that get
8 allocated? That's not considered a grant, is
9 it?
10 A. No. It's a contract.
11 Q. So again, if you are looking at a
12 pie chart, it would be separate from the 12 and
13 a half million?
14 A. Yes. We are mandated to keep every
15 federal project separate, particularly if there
16 are any FDA numbers attached, everything is
17 kept totally separate.
18 Q. And who would be the person most
19 knowledgeable in your agency regarding the
20 revenues and expenses, sources of revenues and
21 where that money goes for substance abuse
22 programs?
23 A. Probably Jackie Pollard. Jackie
24 would have an account clerk assigned to her,
25 that would help her with that, but they

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1 wouldn't know a lot of the particulars.
2 Q. Is there -- is there somebody at
3 the administration level that handles the
4 inflows and outflows of expenditures for the
5 agency?
6 A. Yes.
7 Q. Who is that person?
8 A. Well, it's Angela Burgess is the
9 fiscal officer, and then there are six, five or
10 six account clerks.
11 Q. And they are assigned to subject
12 matter areas?
13 A. Yes.
14 Q. Okay. And that being the different
15 divisions within the department or the -- there
16 would be one assigned to each one of these
17 divisions in Exhibit 1?
18 A. No. It depends on the load of the
19 grants. So it's basically based on the amount
20 of the grants, the cumulative amount of the
21 grants.
22 So if you have like two -- our HUD
23 grant is 2.5 million for lead abatement and
24 housing repair. So if you had lead and you
25 had, let's say, ADM board, 700,000, that's

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1 close to 3 million, then everybody would --
2 they would distribute -- so you could have
3 another 3 million over here, but you might have
4 10 grants in that 3 million. It's really based
5 on more money.
6 MR. NAEEM: Why don't we go off the
7 record.
8 THE VIDEOGRAPHER: Off the record,
9 12:09.
10 (Recess taken.)
11 THE VIDEOGRAPHER: On the record
12 1:00 p.m.
13 MR. NAEEM: I think that we need to
14 make sure that people on the phone identify
15 themselves, in case some people dropped off and
16 some people joined.
17 So could you please give us a
18 rollcall of who is all present on the phone?
19 Do we have people on the phone?
20 MR. FRANCO: Joe Franco, with
21 Holland & Knight, for Insys Therapeutics.
22 MR. BROWN: Elliott Brown, from
23 Morgan Lewis, for Teva.
24 MR. RUIZ: Anthony Ruiz, Zuckerman
25 Spaeder, for CVS.

<p style="text-align: right;">Page 158</p> <p>1 MR. RAIOLA: Stephen Raiola, with 2 Covington Burling, on behalf of McKesson. 3 BY MR. NAEEM: 4 Q. Ms. Skoda, I'm not sure I remember 5 where we were when we left off. 6 A. You were going to a new subject. 7 Q. Yes, I am going to go into a new 8 subject. 9 MS. KEARSE: And he will ask you 10 the same questions. 11 Q. We can start at the top, with 12 education and training, but I would like to 13 move on to the opioid crisis and specifically 14 here in Summit County. 15 We talked at length about your 16 agency and your knowledge regarding opioid 17 addiction issues. When did you become aware 18 in -- or when did you become aware of 19 prescription abuse issues that were occurring 20 in Summit County. 21 A. During that 14 to 15 time period, I 22 was probably -- or I was, not probably, I was 23 aware that the Opiate Task Force was beginning. 24 The data was starting to tick up. We were 25 looking at many, many data sources. We were</p>	<p style="text-align: right;">Page 160</p> <p>1 talked about earlier that you had some 2 involvement in the planning for? 3 A. Yes. 4 Q. And do you recall having received 5 and read this report? 6 A. Yes. 7 Q. Do you recall, as we sit here 8 today, and we will look at it, but do you 9 recall what the results of the survey were 10 regarding prescription drug misuse by teens in 11 Summit County was at this time? 12 A. Yes. My recollection, in this 13 report, was we were concerned, and when I say 14 "we," I don't mean just me, it was the health 15 department and the Opiate Task Force. 16 There was conversation about the 17 kids needed to have resiliency skills built, 18 and that was in relationship to the suicide -- 19 the three areas that I remember clearly, that 20 stick out in my mind, were the suicide, those 21 individuals who felt depressed more days and 22 severely depressed, and those individuals, 23 those youngsters, that had tried suicide was a 24 fairly significant percentage. The exact 25 percentage escapes me.</p>
<p style="text-align: right;">Page 159</p> <p>1 starting to have, you know, the overdoses, the 2 pill mills, those sorts of things. 3 So I was aware of it. Not my 4 direct responsibility, so I wasn't really that 5 involved. 6 Q. So you didn't have any 7 responsibility within the agency for handling 8 these issues, but as an employee of the agency, 9 you may have been generally aware; is that 10 fair? 11 A. Yes. 12 - - - - 13 (Thereupon, Deposition Exhibit 3, 14 Youth Risk Behavior Survey, High 15 School Report, was marked for 16 purposes of identification.) 17 - - - - 18 Q. Ms. Skoda, I'm going to hand you 19 what has been marked as Deposition Exhibit 3. 20 A. Oh, okay. Number 3. 21 Q. Now, can you identify what 22 Deposition Exhibit 3 is? 23 A. It is the Youth Risk Behavior 24 Survey, High School Report, summary report. 25 Q. And this is something that we</p>	<p style="text-align: right;">Page 161</p> <p>1 It also talked about youngsters who 2 had used somebody else's pain medication, which 3 again was concerning, because there seemed to 4 be a perceived acceptance that that wasn't 5 harmful, because it was somebody else's 6 legitimate medicine. 7 So the ADM board launched any 8 number of programming, put out some grant 9 moneys in the schools, for zero -- for suicide 10 prevention, as well as -- it's something called 11 the PAX Good Behavior Game, it's P-A-X, all 12 capital letters, and what that is, PAX Good 13 Behavior Game, works with teachers to talk 14 about how to build resiliency in kids, how to 15 have behavior controls, those sorts of things, 16 in the classroom. And they did that, and 17 school districts took advantage of those grant 18 moneys. 19 Q. And I want to be clear about what 20 you just said. Those programs occurred because 21 of the results of the survey? 22 A. Yes. 23 Q. Now, prior to the survey -- well, 24 first of all, you had testified earlier that 25 this survey is based on a methodology --</p>

<p style="text-align: right;">Page 162</p> <p>1 A. Yes.</p> <p>2 Q. -- a validated methodology</p> <p>3 developed by CDC?</p> <p>4 A. Correct.</p> <p>5 Q. So was there any analysis done by</p> <p>6 Summit County during the planning phase to</p> <p>7 emphasize certain aspects of this survey based</p> <p>8 on local conditions?</p> <p>9 A. No. We are not allowed. Like I</p> <p>10 said, we talked about some of the conditions.</p> <p>11 We did add gambling questions, but there is a</p> <p>12 core set of questions you have to ask. This</p> <p>13 survey is developed to be from that research.</p> <p>14 Q. And was there any discussion in the</p> <p>15 planning phase about certain issues that were</p> <p>16 perceived to be ongoing in Summit County that</p> <p>17 would be interesting to find out what the</p> <p>18 actual results were in this cohort?</p> <p>19 A. Not that I remember.</p> <p>20 Q. If you could turn to, and these are</p> <p>21 numbered a bit weird, but there is a section 6,</p> <p>22 page 12.</p> <p>23 A. Yes. Okay. Okay.</p> <p>24 Q. Are you there?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 164</p> <p>1 the survey?</p> <p>2 A. Yes, providing the school district</p> <p>3 didn't remove that question, and to my</p> <p>4 knowledge, none of the questions regarding any</p> <p>5 sort of substance use were removed. It was</p> <p>6 only occasionally sexual risk behaviors that</p> <p>7 were removed.</p> <p>8 Q. We certainly have results here</p> <p>9 about -- the results, or at least the answers</p> <p>10 to the question about whether the survey</p> <p>11 participants, and this is in quotes, "Ever took</p> <p>12 prescription pain medication without a doctor's</p> <p>13 prescription," end quote; do you see that?</p> <p>14 A. Yes.</p> <p>15 Q. And that would be improper to do</p> <p>16 so, correct, to use prescription pain medicine</p> <p>17 without a prescription?</p> <p>18 MS. KEARSE: Objection.</p> <p>19 A. Yes. You aren't supposed to.</p> <p>20 Q. And what was the result of the</p> <p>21 survey for that particular question?</p> <p>22 A. 15.6 percent in 2013 alleged they</p> <p>23 had done that.</p> <p>24 Q. So 15.6 percent of the --</p> <p>25 A. Participants in the survey.</p>
<p style="text-align: right;">Page 163</p> <p>1 Q. Okay. What does this table</p> <p>2 represent?</p> <p>3 A. Let me take a minute and look at</p> <p>4 it. It is comparing, I believe, what was on</p> <p>5 the other pages in regards to prevalence, to</p> <p>6 the number -- the percentage of individuals to</p> <p>7 the now -- the Ohio and the United States</p> <p>8 numbers.</p> <p>9 Q. And what are they specifically</p> <p>10 looking at, in this table?</p> <p>11 A. It looks as though there are one,</p> <p>12 two, three, four, five -- 13 indicators.</p> <p>13 Q. And those are for illegal drug use</p> <p>14 or substance abuse?</p> <p>15 A. Correct, substance use.</p> <p>16 Q. Substance use, okay.</p> <p>17 And was one of the things they</p> <p>18 looked at prescription drug use?</p> <p>19 A. Well, just the one question about</p> <p>20 have you ever used somebody else's medications.</p> <p>21 Q. And --</p> <p>22 A. -- without a doctor's prescription.</p> <p>23 Q. Right. So the actual category that</p> <p>24 was measured, and so this would be a question</p> <p>25 that was asked of everybody who participated in</p>	<p style="text-align: right;">Page 165</p> <p>1 Q. And this is kids of high school age</p> <p>2 generally?</p> <p>3 A. Middle to high school. This</p> <p>4 was -- oh, this is the high school report. I'm</p> <p>5 sorry. Yes, it is high school.</p> <p>6 Q. But 15.6 percent of kids who took</p> <p>7 the survey were using opioid medications</p> <p>8 without a doctor's prescription, correct?</p> <p>9 A. The question -- okay. I'm not sure</p> <p>10 what you are asking.</p> <p>11 I think I get what you are saying</p> <p>12 to me, but if I read this, it's, "Ever took a</p> <p>13 pain medication without a doctor's</p> <p>14 prescription," and so the kid either answer, I</p> <p>15 believe, yes or no.</p> <p>16 Q. Okay. And 15.6 percent of them --</p> <p>17 A. Said yes.</p> <p>18 Q. -- said yes.</p> <p>19 And there is a number of other</p> <p>20 drugs that are listed here, in addition to</p> <p>21 prescription pain medications being used</p> <p>22 without a doctor's prescription, yes?</p> <p>23 A. I'm sorry. Could you repeat that?</p> <p>24 Q. Yeah. There are a number of other</p> <p>25 substances that are being tested in the survey</p>

<p style="text-align: right;">Page 166</p> <p>1 and measured regarding whether the youth that 2 took the survey were using these substances and 3 how many of them were using them? 4 MS. KEARSE: Objection. 5 A. Yes. 6 Q. And, for example, the results in 7 2013 for Summit County use of marijuana one or 8 more times during your lifetime was 36.6 9 percent? 10 A. Yes. 11 Q. Cocaine use was 5.8 percent? 12 A. Correct, yes. 13 Q. Heroin use, 4.1 percent? 14 A. Yes. 15 Q. Methamphetamines, 5 percent? 16 A. Yes. 17 Q. Hallucinogenic drugs, 8.9 percent? 18 A. Yes. 19 Q. And those drugs that I just 20 mentioned, those are all illegal substances? 21 A. Yes. To my knowledge, yes. 22 Q. So what does that data tell you 23 about the prevalence of drug use in Summit 24 County, if anything? 25 A. I'm --</p>	<p style="text-align: right;">Page 168</p> <p>1 set on a pathway and a certain group of them 2 are always going to do drugs. 3 Q. Well, this country has had a long 4 history of substance abuse going back to the 5 late 1800s, at least; would you agree? 6 A. Yes, I would. 7 Q. And you have seen articles about 8 heroin and morphine use in the 1800s and 9 addiction issues from articles written in the 10 early 1900s, yes? 11 A. Correct, yes. 12 Q. So this isn't a new issue in this 13 country? 14 A. Yes. 15 Q. Opioid abuse is not a new issue in 16 this country? 17 A. I would say in the past, I think it 18 was very different. 19 Q. How so? 20 A. Opioids, we never had in the past. 21 Opiate use was mostly -- back when I was a 22 parole officer and back when I was in the inner 23 city of Cleveland, heroin use was used by a 24 very certain group of individuals. 25 What we see now -- and that may</p>
<p style="text-align: right;">Page 167</p> <p>1 Q. Let me ask it a different way. 2 A. Please. 3 Q. Would you agree that this data 4 indicates that there is some portion of the 5 population that is going to abuse drugs no 6 matter what the drug is? 7 MS. KEARSE: Objection. 8 A. My answer to that would be no, it 9 doesn't tell me that. What I take from this 10 data is children experiment, youngsters 11 experiment with substances. 12 Q. And how is that different from what 13 I asked you? 14 A. Would you say what you said again? 15 Q. Sure. What I asked was would you 16 agree that this data shows, or demonstrates, 17 that some proportion of the population is going 18 to use illegal substances, no matter what the 19 substance is? 20 MS. KEARSE: Objection. 21 A. I think I have trouble with the 22 words, "Going to use." I don't know if 23 youngsters start out with the intent. They are 24 experimenting with drugs. I don't know if it 25 is, "Going to use." I don't know if they are</p>	<p style="text-align: right;">Page 169</p> <p>1 have been a group of individuals that started 2 out by, you know, being 12 years old, smoking a 3 little bit of pot, ended up going on to a much 4 more serious drug addiction, having a substance 5 abuse disorder. 6 What we see now though is a group 7 of folks who may have innocently started out by 8 taking a pain med, having a surgery, being 9 harmed, and then having this horrific supply in 10 the community, be able to become very addicted 11 very quickly, and have ease of access to those 12 drugs. 13 And it was one of the reasons in 13 14 and 14 that Jerry Craig was so adamant about we 15 need to get a baseline survey, we need to find 16 out just exactly what youngsters are thinking 17 and their risk behaviors, because I think we 18 were worried that there was a changing -- the 19 heroin addict of old, who had a little tattoo 20 right here that told them exactly how much 21 heroin to use so they never overdosed, was 22 gone. They're different now. 23 So the whole scene was changing, 24 and it was taking -- it was a very hard thing 25 to get your hands around, but it was becoming a</p>

<p style="text-align: right;">Page 170</p> <p>1 very different user. It was coming across our 2 paths. 3 Q. Now, what I thought I heard you 4 just say was, in profiling those new users, was 5 that these were people who had been 6 legitimately, perhaps, prescribed opioids and 7 were becoming -- or the prescription opioids 8 and becoming addicted? 9 A. Could have been. 10 Q. Could have been? 11 A. It's one pathway. 12 Q. Now, have you seen any data 13 regarding -- seen any data that allows you to 14 characterize what percentage of opioid abusers 15 started on that pathway? 16 A. I can tell you from the Opiate Task 17 Force work, what we have been told is it is 18 four out of five or about 80 percent have 19 reported starting with a prescription pain 20 medication. 21 Q. Okay. Does that data tell you 22 whether they legitimately had a prescription 23 pain medication? 24 A. I don't know that. 25 Q. Okay. You understand the</p>	<p style="text-align: right;">Page 172</p> <p>1 prescription opioids that was leading to 2 addiction issues? 3 A. I think it's twofold. One is 4 self-reported from individuals that we have 5 come in contact with, that we have treated, 6 that have said, you know, there was a lot 7 available. I have actually talked to users who 8 thought they were buying legitimate oxy in the 9 street, a little blue pill, and it ended up 10 being fentanyl, and they have subsequently 11 overdosed. 12 But the other part of it is, again, 13 our OARRS data, you know, was indicating, again 14 through the Opiate Task Force, that we were 15 tracking high amongst -- the pills that were 16 dispensed per person in Summit County was just 17 really high, and the State of Ohio was telling 18 us to pay attention, and the programs that we 19 were focusing on needed to get that per-person 20 number down of dispensing. 21 And particularly there was some 22 information, you know, provided in grant 23 projects that we wrote about we want to get the 24 morphine equivalents down. There is too much 25 in the community.</p>
<p style="text-align: right;">Page 171</p> <p>1 distinction I'm trying to make -- 2 A. Oh, yes, I do. 3 Q. -- because four out of five of 4 those could have stolen them from their 5 family's medicine cabinet and never had a 6 legitimate prescription; would you disagree? 7 MS. KEARSE: Objection. 8 A. Yes, I agree with that, but it 9 shouldn't have been in the medicine cabinet to 10 begin with. There was such an oversupply 11 available in the community, it was just 12 anywhere you went. I mean, it was out there. 13 - - - - - 14 (Thereupon, Deposition Exhibit 4, 15 Email Exchange, Beginning with Bates 16 Label Summit 154701, was marked for 17 purposes of identification.) 18 - - - - - 19 Q. Ms. Skoda, I'm handing you what has 20 been marked as Deposition Exhibit Number 4. 21 A. Thank you. 22 Q. Before we turn to this exhibit, let 23 me ask you, you were talking about an 24 oversupply. What's the basis for your 25 testimony that there was an oversupply of</p>	<p style="text-align: right;">Page 173</p> <p>1 Q. Okay. So with respect to the pills 2 dispensed per person, that was a goal that was 3 set by the task force was to reduce? 4 A. Yes. 5 Q. And as part of any work you did 6 with the task force or on your own, what was 7 the -- what was leading to the -- what was 8 causing the high amount of pills dispensed per 9 person? Why was it a number that needed to be 10 decreased? 11 A. I think because the availability 12 was there. It was in the community. Not 13 everybody was taking all of their pills, or 14 those that were taking them were not getting 15 pain relief and taking a higher dose, were 16 either subsequently becoming addicted and 17 taking a higher dose and/or leaving their extra 18 pills just lying around, and it did fall into 19 the wrong hands. 20 Q. All right. So the situation where 21 people wouldn't have been taking all their 22 pills and would just leave them around where 23 somebody else could pick them up, that would be 24 diversion, right, somebody who took the pill 25 from somebody else?</p>

<p style="text-align: right;">Page 174</p> <p>1 A. Yes.</p> <p>2 Q. Other than diversion, were there</p> <p>3 any other reasons why these pills were more</p> <p>4 available than perhaps they had been in the</p> <p>5 past?</p> <p>6 A. It is my belief, and I know that</p> <p>7 when pain was starting to be a fifth sign, and</p> <p>8 all the focus was, you know, directed towards</p> <p>9 nobody can be in pain, all of the pain meds</p> <p>10 that were historically used for the end of</p> <p>11 life, cancer treatment, hospice care were being</p> <p>12 dispensed for headaches, back pain, because the</p> <p>13 physicians thought they were doing what they</p> <p>14 should be doing, based on what their medical</p> <p>15 societies were telling them, with pain as a</p> <p>16 fifth sign.</p> <p>17 So when all of those pills started</p> <p>18 to flood the market, you know, people were</p> <p>19 using them, they were out there for any number</p> <p>20 of conditions, that they typically, in the</p> <p>21 past, never were for.</p> <p>22 Like if you had ask me 12 years ago</p> <p>23 in public health, I would have -- or even a</p> <p>24 home health nurse would have never known that</p> <p>25 there were the level of narcotics that were in</p>	<p style="text-align: right;">Page 176</p> <p>1 protocols. I think a few were disregarding</p> <p>2 protocols, not getting appropriate follow-up</p> <p>3 with patients, following any standard of care,</p> <p>4 just basically writing prescriptions, is my</p> <p>5 understanding of the one that I know about.</p> <p>6 Q. What are you specifically referring</p> <p>7 to?</p> <p>8 A. That was arrested.</p> <p>9 Q. When was that, do you recall?</p> <p>10 A. No. I know he was out of Copley,</p> <p>11 Ohio, but I don't know when. It was a while</p> <p>12 ago.</p> <p>13 Q. Yeah. Have you heard the phrase</p> <p>14 "pill mill"?</p> <p>15 A. Yes.</p> <p>16 Q. What does that mean to you?</p> <p>17 A. It's a -- it's a group of</p> <p>18 individuals that are licensed to prescribe in</p> <p>19 Ohio, whether they are physicians or whatever</p> <p>20 their specialty might be, that operate under</p> <p>21 pain management clinics, yet disregard any</p> <p>22 standard and just continue to dispense pills,</p> <p>23 without any follow-up or, I think, appropriate</p> <p>24 treatment guidelines.</p> <p>25 Q. And to your knowledge, were</p>
<p style="text-align: right;">Page 175</p> <p>1 the home that there is now.</p> <p>2 Q. Okay. And are you aware -- you</p> <p>3 mentioned medical societies in your answer,</p> <p>4 that physicians were doing essentially what</p> <p>5 their medical societies had told them, with</p> <p>6 respect to treating pain.</p> <p>7 Were there any State of Ohio</p> <p>8 initiatives that encouraged the use of opioid</p> <p>9 medications that you are aware of?</p> <p>10 A. Not that I'm aware of.</p> <p>11 Q. Do you recall Ohio law changing,</p> <p>12 regarding use of opioids for intractable pain?</p> <p>13 A. No.</p> <p>14 Q. Were there physicians who were</p> <p>15 engaging in illegal or immoral conduct in</p> <p>16 providing opioid medications to their patients?</p> <p>17 MS. KEARSE: Objection.</p> <p>18 A. I would know of none of those,</p> <p>19 other than the ones that were in the newspaper</p> <p>20 that were subsequently arrested and convicted.</p> <p>21 Q. And what were the circumstances of</p> <p>22 those generally, you don't have to recall the</p> <p>23 specifics, but what was it that doctors were</p> <p>24 doing?</p> <p>25 A. Well, I think disregarding</p>	<p style="text-align: right;">Page 177</p> <p>1 physicians who operated pill mills, do they</p> <p>2 contribute to the increase in prescription</p> <p>3 opioids available for abuse?</p> <p>4 MS. KEARSE: Objection.</p> <p>5 A. Probably some. I think anyone who</p> <p>6 overprescribed was contributing.</p> <p>7 Q. Do you have any sense or do you</p> <p>8 know how many physicians have been prosecuted</p> <p>9 in Summit County for operating pill mills?</p> <p>10 A. No, I do not.</p> <p>11 Q. Have you heard of online</p> <p>12 pharmacies?</p> <p>13 A. Yes.</p> <p>14 Q. Have you done any research or heard</p> <p>15 about whether online pharmacies -- the</p> <p>16 operation of online pharmacies contributed to</p> <p>17 the opioid prescription use epidemic?</p> <p>18 A. No.</p> <p>19 Q. Do you know how online pharmacies</p> <p>20 operated, do you have any information about</p> <p>21 that?</p> <p>22 A. Not for opioids. I buy dog</p> <p>23 medicine, but that's not opioids.</p> <p>24 Q. No. So as we sit here today, you</p> <p>25 don't have any information regarding whether</p>

<p style="text-align: right;">Page 178</p> <p>1 people were obtaining prescriptions improperly 2 through online pharmacies? 3 A. I know that anecdotally people have 4 said that, but not that I know for a fact. 5 Q. Is that something that was 6 discussed at the task force level or -- 7 A. Not that I remember. 8 Q. You did mention overprescribing, 9 physicians were overprescribing opioids -- 10 MS. KEARSE: Objection. 11 Q. -- to their patients? 12 A. Yes. 13 Q. What about patients, were you -- 14 are you aware of any conduct by patients 15 generally, not specific patients, that 16 contributed to the increased availability of 17 pills, opioids, on the street? 18 MS. KEARSE: Objection. 19 A. Their behaviors were driven by a 20 brain disease addiction. So once they became 21 addicted, they continued to seek drugs, and 22 that may have included behavior such as doctor 23 shopping or forging prescriptions or stealing 24 medication, but I believe that's, you know, 25 just an unintended consequence of getting</p>	<p style="text-align: right;">Page 180</p> <p>1 Q. Is she in -- I'm sorry. Is she 2 still in the City of Akron government? 3 A. No. 4 Q. Is she working for Summit County 5 government? 6 A. No, not to my knowledge. 7 Q. And do you recall this email; is 8 this something you recall? 9 A. Yes. I remember reading it. 10 Q. And you were attached -- I'm sorry. 11 You were one of the recipients of this email, 12 correct? 13 A. Right. 14 Q. So this email is dated September 7, 15 2016. Do you see the second paragraph? 16 A. Correct. Yes. 17 Q. And it is referring to Governor 18 Kasich, one of his -- 19 A. Right. 20 Q. -- responses to the opioid crisis, 21 yes? 22 A. Well, the first paragraph is. The 23 second paragraph -- 24 Q. Right. And so she says, she is 25 talking about people under the age of 18 and</p>
<p style="text-align: right;">Page 179</p> <p>1 addicted to a medication. 2 Q. And those patients who were forging 3 prescriptions or stealing medications, did they 4 always -- did they always use the medications, 5 or did they perhaps sell them on the street? 6 MS. KEARSE: Objection. 7 A. I can't -- I don't know. 8 Q. That's not something that you have 9 heard discussed? 10 A. Oh, I've heard that, and I have 11 heard that people sell medications to survive. 12 Just like food stamps have value, pain pills 13 have value. There is a whole separate economy 14 in the streets. So, yes, they are used for 15 income, they're cash. 16 Q. Okay. And -- 17 A. -- in supporting a habit. 18 Q. And I had previously marked 19 Deposition Exhibit 4. Did you get a chance to 20 look at that? 21 A. Yes. 22 Q. Who is Terry Albanese? 23 A. Terry Albanese was assistant to the 24 mayor for education, health and families. She 25 is no longer there.</p>	<p style="text-align: right;">Page 181</p> <p>1 the percentage of overdoses in that age group? 2 A. Are small, correct. 3 Q. Right. And then she goes on to 4 state, "However, I have yet to see any research 5 on when and how overdose victims got started 6 with substance abuse in the first place. If 7 any of you have data along those lines, I would 8 be quite interested in the findings." 9 Was there any response to Ms. 10 Albanese that you were copied on? 11 A. Not that I remember. And I was 12 trying to remember if I responded to her, and I 13 don't believe so. I don't know. I may have 14 sent her the risk behavior, but I don't 15 remember. There might be. 16 Q. So you may have responded and you 17 may have sent her the youth survey? 18 A. Right. 19 Q. But you don't recall? 20 A. But I think she probably already 21 had that. 22 Q. And was there anything else you 23 might have sent her about when and how overdose 24 victims got started with substance abuse? 25 MS. KEARSE: Objection.</p>

<p style="text-align: right;">Page 182</p> <p>1 A. Not that I remember.</p> <p>2 Q. Was there anything that you saw</p> <p>3 sent to her by any of the people who were</p> <p>4 copied on this email?</p> <p>5 A. Not that I remember. I was looking</p> <p>6 at the list of names and thinking who might</p> <p>7 have responded, but, no.</p> <p>8 Q. And so you don't recall whether</p> <p>9 anyone might have sent her anything regarding</p> <p>10 how people get started on prescription opioid</p> <p>11 abuse?</p> <p>12 A. No.</p> <p>13 Q. In talking about prescription</p> <p>14 opioid or, I'm sorry, opioid abuse -- strike</p> <p>15 that.</p> <p>16 Is opioid abuse something that's</p> <p>17 tracked by Summit County Public Health</p> <p>18 currently?</p> <p>19 A. Yes. Well, I should say opioid</p> <p>20 data that we have access to is tracked.</p> <p>21 Q. Okay. And so you made the</p> <p>22 distinction about data that you have access to.</p> <p>23 A. Correct.</p> <p>24 Q. What is the data that Summit County</p> <p>25 Public Health has access to?</p>	<p style="text-align: right;">Page 184</p> <p>1 be able to access OARRS; is that correct?</p> <p>2 A. Yes.</p> <p>3 Q. So the birth and death data, what</p> <p>4 about that data would inform you regarding use</p> <p>5 of -- use, misuse of opioids or overdoses?</p> <p>6 A. Cause of death.</p> <p>7 Q. So the death certificate will have</p> <p>8 information regarding what that patient -- or</p> <p>9 what that person died of?</p> <p>10 A. Yes.</p> <p>11 Q. And does your department keep</p> <p>12 statistics of those causes of death?</p> <p>13 A. Yes.</p> <p>14 Q. Who is responsible for that?</p> <p>15 A. Rich Marountas. And also, I would</p> <p>16 like to add, the birth certificate also has a</p> <p>17 part of a birth certificate that is</p> <p>18 confidential to everyone. It talks about</p> <p>19 maternal risk behaviors during pregnancy. So</p> <p>20 it does include topics of alcohol and a few</p> <p>21 other things, so we might be able to know, but</p> <p>22 my understanding the State of Ohio is doing</p> <p>23 away with that, so that may have been a thing</p> <p>24 of the past.</p> <p>25 Q. Specifically you are talking about</p>
<p style="text-align: right;">Page 183</p> <p>1 A. We have access to birth and death</p> <p>2 data, we also have access to the coroner's data</p> <p>3 via ADM board, alcohol, drug, mental health.</p> <p>4 We use some of the ADM data that they give us,</p> <p>5 and we also have access to something called</p> <p>6 EpiCenter.</p> <p>7 Q. Other than those sources and data,</p> <p>8 is there any other data that your agency</p> <p>9 monitors with respect to opioid use or perhaps</p> <p>10 overdoses?</p> <p>11 A. No. We don't have access to either</p> <p>12 clinical data, OARRS, or any of that. We are</p> <p>13 not allowed to have access, it's public -- it's</p> <p>14 PHI.</p> <p>15 Q. All right. So nobody at Summit</p> <p>16 County Public Health has access to OARRS?</p> <p>17 A. Our medical director, but only for</p> <p>18 her patients.</p> <p>19 Q. Which does or doesn't include --</p> <p>20 A. MAT?</p> <p>21 Q. Well, I was going to ask about any</p> <p>22 Summit County Public Health program, but --</p> <p>23 A. No, she does not.</p> <p>24 Q. So even with the medical-assisted</p> <p>25 treatment program participants, she would not</p>	<p style="text-align: right;">Page 185</p> <p>1 the section of the birth certificate --</p> <p>2 A. Yes, that was confidential.</p> <p>3 Q. How is the death certificate data</p> <p>4 that you just talked about different from the</p> <p>5 coroner data you mentioned as additional</p> <p>6 sources of information?</p> <p>7 A. We get all of the data from the</p> <p>8 State of Ohio. There is about 6,000 births and</p> <p>9 6,000 deaths every year. So every single</p> <p>10 person who dies in Summit County, we get that</p> <p>11 information on.</p> <p>12 The coroner gets a subset of that</p> <p>13 group, which are those individuals that either</p> <p>14 died during a police matter, a suspicious</p> <p>15 death, somewhere where there is an autopsy</p> <p>16 required.</p> <p>17 And so within that subset of her</p> <p>18 data, she is capable, with some difficulty, of</p> <p>19 collecting, you know, the type of drug, what</p> <p>20 killed them, that sort of stuff.</p> <p>21 Q. Okay. So essentially the data the</p> <p>22 medical examiner gets are really only those</p> <p>23 deaths that are referred to her office for</p> <p>24 investigation?</p> <p>25 A. Correct. And we receive that data</p>

<p style="text-align: right;">Page 186</p> <p>1 only deidentified. As public health, we aren't 2 as interested -- we aren't interested in the 3 one person, the individualized. We keep those 4 records deidentified. We are very much 5 interested in the aggregate data and the impact 6 it's having on the community. 7 Q. Okay. So then in what format do 8 you get that data from the medical examiner? 9 A. We get it via the ADM board, the 10 coroner gets it from her. We get it as 11 aggregate data, 25 overdose deaths, ten heart 12 attacks. 13 Q. So is it via email? 14 A. Oh, I'm sorry. 15 Q. Yeah. 16 A. It's from an FTP site, a transfer 17 protocol, file transfer protocol, that's 18 secure. 19 Q. And how periodically do you get 20 that data? 21 A. Rich probably -- I don't know 22 exactly, because we look more at EpiCenter, he 23 looks at that data, I would say at least once a 24 month. 25 Q. And you are getting all of the</p>	<p style="text-align: right;">Page 188</p> <p>1 25 people at one hospital system going in for 2 diarrhea, and there is 25 at another system, 3 chances are that's a real uptick in what is 4 happening. There could be a food-borne 5 outbreak, there could be something going on. 6 Move up a few years, we have used 7 that always, and the State of Ohio sends out 8 alerts to let you know that there is this, sort 9 of, uptick in the data. 10 Rich started looking at EpiCenter 11 all the time because there were so many 12 overdoses in there, and we started monitoring 13 it, and then he started putting out every day a 14 daily overdose report, but because that data is 15 preliminary, because nothing has been confirmed 16 by the coroner's office that, in fact, yes, 17 this was a drug overdose, yes, in fact, it was 18 an opioid, yes, in fact, it was carfentanil. 19 Unless it states an 89-year-old man died of 20 insulin, took too much insulin, we would never 21 include that in there. 22 Then Rich uses that data that we 23 get from the coroner's office and ADM board to 24 validate that, yes, in fact, we have the 25 numbers right.</p>
<p style="text-align: right;">Page 187</p> <p>1 death data for that -- not holding you to it 2 being a month, that you get it every month, but 3 are you just asking for drug overdose data, or 4 is it all the death data from the medical 5 examiner that you are receiving? 6 A. We are asking for a combination, 7 everything. 8 Q. Have you -- when is the last time 9 you saw that data provided by ADM, based on 10 medical examiner data? 11 A. I've never directly looked at it. 12 I've only seen it written in reports. 13 Q. And is there a standard report 14 format that is being prepared, based on that 15 data? 16 A. Rich -- well, Rich uses that data 17 to validate what we see in EpiCenter. So 18 EpiCenter is a realtime surveillance system 19 that was established after 9/11, and it was 20 established to allow health departments to do 21 monitoring of emergency room activity, to see 22 if, in fact, there were any upticks in any of 23 the disease conditions for which people present 24 to the ER. 25 So if, for an example, if there are</p>	<p style="text-align: right;">Page 189</p> <p>1 Q. So does the EpiCenter reports -- or 2 does the data received from Epicenter tell you 3 whether those overdoses were opioid related or 4 not? 5 A. Sometimes. 6 Q. Could they be, if you were looking 7 at an EpiCenter report right now, could you 8 distinguish between those related to cocaine 9 versus those related to an opioid? 10 A. No, not until toxicology is back. 11 Q. And that's data from the medical 12 examiner's office? 13 A. Correct. 14 Q. Okay. So if we are just focusing 15 on EpiCenter, would it tell you which 16 substances were -- which opioid substances were 17 involved in that particular overdose? 18 A. It will -- sometime it will say an 19 opiate, because they'll use Narcan and it will 20 be reversed, and the emergency doctor will feel 21 comfortable saying that. 22 Or a paramedic will say, you know, 23 this was an opiate overdose, we revived him 24 with Narcan, and they will feel comfortable 25 writing overdose/opiate, but we don't know the</p>

<p style="text-align: right;">Page 190</p> <p>1 type that is underneath that. It could have 2 been carfentanil, fentanyl with opiates or 3 cocaine. We don't know. 4 Q. And then going back to the medical 5 examiner data. 6 - - - - - 7 (Thereupon, Deposition Exhibit 5, 8 Email with Attachment, Beginning 9 with Bates Label Summit 264062, was 10 marked for purposes of 11 identification.) 12 - - - - - 13 Q. Handing you what has been marked 14 Deposition Exhibit 5. Did I give you the right 15 one? Yes, number 5. 16 MR. NAEEM: I'm going to mark this 17 one too. 18 Q. Handing you what has been marked 19 Deposition Exhibit 6. 20 - - - - - 21 (Thereupon, Deposition Exhibit 6, 22 Email, Subject Data for Narcan, 23 Beginning with Bates Label Summit 24 263018, was marked for purposes of 25 identification.)</p>	<p style="text-align: right;">Page 192</p> <p>1 tell you which drug -- at a high level, you 2 can't distinguish in Epicenter whether it is an 3 opioid versus cocaine versus anything else 4 involved in the overdose, right? 5 A. Correct, unless it was specifically 6 stated. 7 Q. And then if you could look at 8 Exhibit 5. 9 A. Correct. 10 Q. This is a June 22, 2018 from Rich 11 Marountas to you? 12 A. Right. 13 Q. He's put that data together, and my 14 only question at this point is, would this 15 reflect data from Epicenter, or would this 16 reflect data from the coroner or the medical 17 examiner? 18 A. Well, what he is saying here, 19 "Deaths for 2017 may differ from other 20 figures," because we have seen -- because I'm 21 going only off of the count of death 22 certificates with drug related. 23 So what he was doing was trying to 24 get verification from the coroner's office, 25 because for a while, they were so backed up on</p>
<p style="text-align: right;">Page 191</p> <p>1 - - - - - 2 Q. I actually marked them out of 3 order. 4 If you could take a look at 5 Deposition Exhibit Number 6. 6 A. Okay. 7 Q. This is a June 15, 2016 email from 8 Rich Marountas to you; do you see that? 9 A. Yes. 10 Q. Now, those charts that are in his 11 email, do you know how those were generated, 12 from what data source? 13 A. No, I could not say for sure. 14 Q. Do these look like the data he 15 sends around in his Epicenter reports? 16 A. No. I mean, they are similar. I'm 17 looking at them again here. The word that is 18 throwing me is the, "Drug poisoning deaths," 19 which makes me believe it includes other drug 20 poisoning. 21 Q. Okay. 22 A. So I don't know. I would have to 23 look and check the data source to see what that 24 means. 25 Q. Well, okay. Epicenter wouldn't</p>	<p style="text-align: right;">Page 193</p> <p>1 the toxicology, it would take six to seven to 2 eight months to actually get a cause of death 3 to finalize the certificate. 4 And so the numbers tend to look 5 like they are all over the place, because we 6 haven't really finished -- I'm sure this was 7 January of 18, we weren't finished with 8 validating with the coroner's office that, yes, 9 in fact, these were correct, and then often we 10 have to correct death certificates. 11 Q. So of the sources of overdose data 12 we were talking about that you listed, Exhibit 13 5 would represent overdoses based on review of 14 death certificate data? 15 A. Yes. 16 Q. And Exhibit 6, at this point, you 17 are not sure whether or not that is Epicenter 18 data? 19 A. No, I am not sure. 20 Q. Again going back to the medical 21 examiner data that's received by the FTP site, 22 again you mentioned Rich Marountas is the one 23 who pulls that data down. He prepares reports 24 based on that data? 25 A. Yes.</p>

<p style="text-align: right;">Page 194</p> <p>1 Q. Do those reports identify the 2 particular substance at issue in those 3 over death -- I'm sorry in those cases, those 4 death cases? 5 A. If it's been validated by the 6 coroner that, yes, that was the cause of death. 7 Q. And do you see those reports; does 8 he send them to you? 9 A. A lot of times they are blended 10 into other documents. I see the drug report 11 every day, and then, like, if we are creating 12 this for a project or somebody has asked for 13 data, I might look at it, but I'm not his 14 direct supervisor, so I don't usually see 15 everything. 16 Q. So who is he -- who does he -- 17 first of all, why are these reports being 18 prepared? 19 A. We get requests from the community 20 for information all the time for grant 21 proposals, and individuals will call us up and 22 say, hey, do you have a graph I could stick 23 into this grant, or we provide kind of as a 24 service to community partners, we will give 25 them data that has been crunched so they can</p>	<p style="text-align: right;">Page 196</p> <p>1 that's been confirmed through medical examiner 2 data? 3 A. What would happen is Rich would 4 send an updated EpiCenter report and say, these 5 are the real numbers. Or when we report out, 6 like when somebody would ask Rich for this, 7 like we had talked about this, he would make 8 sure he either -- either it was confirmed, or 9 he would put the caveat on it that we don't 10 know for sure if this is the real number yet. 11 But typically, when they are -- I 12 know what you are asking. I'm sorry. I didn't 13 answer the question. 14 When he gets an update, he corrects 15 the document. 16 Q. He corrects the EpiCenter 17 report or -- 18 A. The numbers. 19 Q. -- the weekly report that he sends 20 out? 21 A. Yes. And -- yes. 22 Q. And I think you said, when you were 23 describing these three sources of data, that 24 your agency does not have access to 25 patient-level data?</p>
<p style="text-align: right;">Page 195</p> <p>1 use it in a grant proposal. 2 Q. So does he -- does he prepare these 3 reports on an ad hoc basis? 4 A. It can be. 5 Q. So this isn't something that is 6 done every month by your directive? 7 A. No. He monitors this data. We 8 do the -- every Friday he does a cumulative 9 report based on what we know, but every day he 10 does the individual drug overdose report. 11 Q. But those daily and weekly reports 12 are based on EpiCenter, or are they based on 13 this medical examiner data? 14 A. EpiCenter, until they are 15 confirmed, and that's the caveat on that data. 16 We tell them this is the rough estimates, it's 17 the best we have, until we actually confirm it. 18 Q. I guess I'm just trying to get a 19 sense of what that confirmed report looks like. 20 What is it that is sent around -- 21 A. Oh -- 22 Q. -- that distinguishes between here 23 are these preliminary EpiCenter cases -- 24 A. Right. 25 Q. -- and here is the final data</p>	<p style="text-align: right;">Page 197</p> <p>1 A. No. 2 Q. So at least as far as Summit County 3 Public Health, in reviewing overdoses and 4 deaths in the community, and if we just limit 5 it to opioid-related deaths, let's assume it 6 has been able to be refined to the point that 7 you know it's an opioid, there is no way for 8 your agency to determine whether or not that 9 patient had prior use of prescription opioids 10 from a legitimate prescription? 11 MS. KEARSE: Objection. 12 A. The only way that we know that, the 13 ADM board has access to OARRS, and the Ohio 14 Pharmacy Board puts out reports. So we are 15 able to use that as that sort of a barometer, 16 that individuals are receiving some of these 17 opioids through legitimate prescriptions. 18 Q. Okay. And do you get data from ADM 19 which breaks these overdoses or deaths down 20 into categories of patients who were using 21 illicit substances, who are using prescription 22 opioids, and who were using prescription 23 opioids based on a legitimate prescription? 24 A. Not to my knowledge. 25 Q. So at least you, within the agency,</p>

<p style="text-align: right;">Page 198</p> <p>1 haven't seen it?</p> <p>2 A. No.</p> <p>3 Q. Have you talked to anybody at</p> <p>4 Summit County Public Health who has received</p> <p>5 that data from ADM?</p> <p>6 A. Not to my knowledge.</p> <p>7 Q. Have you talked to anybody at ADM</p> <p>8 about their ability to generate that</p> <p>9 patient-level data?</p> <p>10 A. No.</p> <p>11 Q. So what is the ADM data that you</p> <p>12 believe -- oh, I'm sorry. Strike that.</p> <p>13 ADM has access to OARRS?</p> <p>14 A. Yes.</p> <p>15 Q. And so was your answer based on</p> <p>16 simply the fact that they do have the ability</p> <p>17 to go look at OARRS?</p> <p>18 A. Right, and present to the Opiate</p> <p>19 Task Force their findings.</p> <p>20 Q. Is that something you are aware</p> <p>21 that they have done?</p> <p>22 A. Yes, in their reporting and in</p> <p>23 their presentations.</p> <p>24 Q. Have you attended a task force</p> <p>25 meeting or subcommittee meeting where ADM has</p>	<p style="text-align: right;">Page 200</p> <p>1 your prior testimony, that there certainly are</p> <p>2 people abusing opioid prescriptions who have</p> <p>3 gotten them through improper means?</p> <p>4 A. Yes.</p> <p>5 Q. Have you done any research -- we</p> <p>6 talked a little bit earlier about some of the</p> <p>7 education and some of the programs you have</p> <p>8 attended regarding substance abuse after you</p> <p>9 became health commissioner.</p> <p>10 Within the context of any of those</p> <p>11 programs, did you read anything or hear</p> <p>12 anything from anyone about the consequences of</p> <p>13 untreated chronic pain?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. Are you aware that untreated</p> <p>16 chronic pain can lead to depression?</p> <p>17 A. Yes.</p> <p>18 Q. Are you aware that untreated</p> <p>19 chronic pain can lead -- can lead some people</p> <p>20 to commit suicide or attempt suicide?</p> <p>21 A. No, I did not know that.</p> <p>22 Q. Do you dispute that fact?</p> <p>23 A. I don't know.</p> <p>24 Q. Are you aware that untreated</p> <p>25 chronic pain can lead people to self-medicate?</p>
<p style="text-align: right;">Page 199</p> <p>1 presented OARRS data?</p> <p>2 A. I could not be sure. I mean, there</p> <p>3 is a lot of data presented. I just don't know</p> <p>4 the source, without checking.</p> <p>5 Q. Would you agree with me that there</p> <p>6 are some heroin users in Summit County who have</p> <p>7 never used prescription opioids?</p> <p>8 MS. KEARSE: Objection.</p> <p>9 A. Would I agree with that statement,</p> <p>10 or it's more I just don't know?</p> <p>11 Q. Either way.</p> <p>12 A. I don't know.</p> <p>13 Q. Would you agree with me that there</p> <p>14 are some prescription opioid abusers in Summit</p> <p>15 County who have never had a legitimate</p> <p>16 prescription for opioids?</p> <p>17 MS. KEARSE: Objection.</p> <p>18 A. I'm sorry. Would you ask it again?</p> <p>19 Q. Sure. Would you agree with me that</p> <p>20 there are some people in Summit County who are</p> <p>21 abusing prescription opioids who have never had</p> <p>22 a legitimate prescription for that medication?</p> <p>23 MS. KEARSE: Objection.</p> <p>24 A. Again, I don't know.</p> <p>25 Q. You are aware, however, based on</p>	<p style="text-align: right;">Page 201</p> <p>1 A. Yes.</p> <p>2 Q. And that self-medication can lead</p> <p>3 to substance abuse?</p> <p>4 A. Yes.</p> <p>5 Q. Is it your position that opioid</p> <p>6 medications should not be available to people</p> <p>7 suffering from chronic pain?</p> <p>8 MS. KEARSE: Objection.</p> <p>9 A. Yes.</p> <p>10 Q. Should not be available?</p> <p>11 A. Yes.</p> <p>12 Q. And what is that based on?</p> <p>13 A. From what I've seen, with the</p> <p>14 devastation and destruction that is cause for</p> <p>15 conditions that perhaps could have been treated</p> <p>16 another way and/or been much more successful in</p> <p>17 the treatment if there had been, perhaps,</p> <p>18 another approach to pain management, that</p> <p>19 included those difficult lifestyle behavior</p> <p>20 changes that individuals can be very resistant</p> <p>21 to and/or other sorts of pain treatment</p> <p>22 programs that didn't require a prescription.</p> <p>23 Certainly there are conditions at</p> <p>24 the end of life, hospice care, horrific</p> <p>25 surgeries, where a well-controlled pain is</p>

<p style="text-align: right;">Page 202</p> <p>1 critical, but for the general use in the 2 community, it has wreaked havoc. 3 Q. Who decides when opioids are 4 appropriate for treatment of chronic pain? 5 A. I would hope that a physician 6 would, or a nurse practitioner. 7 Q. And you raise a good point. There 8 are different groups authorized under Ohio law 9 to dispense or provide a prescription -- 10 A. Right. 11 Q. -- for chronic pain. 12 You mentioned physicians, nurse 13 practitioners. Are you aware of any other 14 medical professionals who are able to 15 prescribe? 16 A. Dentists. 17 Q. Anybody else? 18 A. I'm sure psychiatrists could. Any 19 licensed physician in Ohio and/or an NP. 20 Q. Are you aware of whether or not 21 physicians assistants -- 22 A. I'm sorry, PAs. I forgot about 23 them, yes. 24 Q. And to be fair, you are not one of 25 those, in one of those categories --</p>	<p style="text-align: right;">Page 204</p> <p>1 self-medicate with illegal opioids -- 2 MS. KEARSE: Objection. 3 Q. -- like heroin? 4 A. Perhaps, yes. 5 Q. Do you believe that -- or do you 6 dispute that chronic pain is a legitimate 7 medical issue? 8 MS. KEARSE: Objection. 9 A. No. 10 Q. Have you seen any analyses at the 11 federal or state level regarding the cost of 12 chronic pain to society? 13 A. I'm sorry? 14 Q. Yeah. I don't know what that was. 15 Have you seen any data published at 16 the federal or state level analyzing the cost 17 of chronic pain to society? 18 A. No, not that I remember. I'm sure 19 I've read it, but don't remember it. 20 Q. Can pharmaceutical companies 21 legally provide opioids directly to patients? 22 A. No. 23 Q. Do you know -- you testified about 24 reading some DEA regulations about 25 distribution. Do you know how prescription</p>
<p style="text-align: right;">Page 203</p> <p>1 A. Correct. 2 Q. -- of people who can prescribe? 3 A. Correct. 4 Q. And are you aware of any state laws 5 or administrative sections regarding chronic 6 pain patients' access to pain medications? 7 A. No, I am not. 8 Q. And you initially said you don't 9 believe that opioids should be available for 10 treatment of chronic pain, but you carved out 11 some of the more -- the end-of-life pain and 12 some horrific surgery, I think you said? 13 A. Correct. 14 Q. Would you agree that restricting 15 access to prescription opioid medications would 16 result in some chronic pain patients who don't 17 get the treatment they require? 18 MS. KEARSE: Objection. 19 A. Perhaps. 20 Q. Do you suppose that could lead to 21 increases in depression and suicide? 22 MS. KEARSE: Objection. 23 A. I don't know. It's a conclusion 24 that you could draw, but I don't know that. 25 Q. Could it lead patients to</p>	<p style="text-align: right;">Page 205</p> <p>1 opioids make it from the manufacturers or 2 pharmaceutical companies to patients, do you 3 have a general understanding of the process? 4 A. My guess, it would go to a 5 supplier, and then to the physician -- a 6 pharmacy for which the physician would write a 7 prescription, and the patient would fill it. 8 Q. Those suppliers or distributors, as 9 they are sometimes called, do you know if they 10 can legally provide opioids directly to 11 patients? 12 A. Not to my knowledge. 13 Q. Can pharmacies do so? 14 A. Not without a prescription. 15 Q. Have you read any warning 16 information published by manufacturers 17 regarding prescription opioids? 18 A. No, I have not. 19 Q. Would you agree with me that many 20 substances can lead to addiction issues other 21 than opioids? 22 A. Yes. 23 Q. What are some of those substances 24 that are causing addiction issues in Summit 25 County that you are aware of.</p>

<p style="text-align: right;">Page 206</p> <p>1 A. Alcohol, marijuana, although there 2 are those that don't believe it is addictive, 3 methamphetamine, crack cocaine, cocaine, any 4 sort of pill, benzodiazapine, any amphetamine, 5 there are any number of drugs. 6 Q. And other than the general 7 substance abuse programs we have talked about 8 that are provided to clients of Summit County 9 Public Health, are you aware of any task forces 10 or any other initiatives to reduce, for 11 example, the substance -- or addiction issues 12 related to, for example, methamphetamine? 13 A. I think they are generally treated 14 under just substance use disorders. 15 Q. So again, the counselors can see 16 patients that have addiction issues, it may be 17 opioids, it may be any other substance? 18 A. Correct. 19 Q. And I had asked you earlier about 20 whether -- about data regarding -- strike that. 21 Never mind. 22 Has Summit County, to your 23 knowledge, assessed the link between mental 24 illness and opioid abuse? 25 MS. KEARSE: Objection.</p>	<p style="text-align: right;">Page 208</p> <p>1 Many of them went to other sources 2 to get medications, opioids specifically, to 3 continue their addiction, the brain disease. 4 It's a very powerful addiction that drove 5 individuals to do things that they normally 6 would not have done, if they could have 7 maintained getting those pills. 8 And whether it was from a 9 physician, a pill mill, wherever they were 10 getting them, because there was so much, when 11 that supply was cut off, they went to other 12 sources, or thought they were purchasing 13 OxyContin in the street, and they were not, and 14 they were purchasing fentanyl or carfentanil, 15 or some other derivative. 16 Q. And so you started your answer by 17 saying, "I know." What is the basis of that 18 knowledge that you just testified to? 19 A. The people that I have talked to, 20 the families, the drug treatment counselors. 21 In public health, we tend to -- we 22 look at populations, and that's why we are 23 never quite really interested -- we are looking 24 at a harmful condition to any group of people. 25 We are trying to sort out and figure out what</p>
<p style="text-align: right;">Page 207</p> <p>1 A. I am not sure. 2 Q. So with respect to any causation or 3 association between mental illness and opioid 4 abuse, you wouldn't be able to characterize, 5 for example, what percentage of substance 6 abusers have mental illness? 7 A. No, I would not. 8 Q. Looking at Exhibit 5, is it a fair 9 characterization that, the second page 10 specifically, is it a fair characterization to 11 state that the number of overdose-related 12 deaths have increased year over year since 13 2014? 14 A. Until we get to 17, there is a 15 pattern of increase. 16 Q. And what was, if you are aware, 17 what was driving the increase in opioid -- I'm 18 sorry, overdose-related deaths over that time 19 frame? 20 A. I know that when there was 21 restrictions on the number of prescriptions 22 that started to be dispensed in Ohio, many 23 individuals who had a legitimate source to get 24 drugs, could get prescription pills, could no 25 longer get them.</p>	<p style="text-align: right;">Page 209</p> <p>1 the root cause is, so we can prevent death and 2 disability. 3 And so in looking at this, all of a 4 sudden there is so many different people, we 5 don't even know where to target it. It is 6 individuals of all classes, all socioeconomic 7 status that are now impacted by wanting opioid 8 drugs. 9 And so for us, it was where did 10 that come from. So we started to look into it, 11 through data sources, research, reading journal 12 articles, talking to folks, talking to EMS, 13 talking to clients that come through the door, 14 talking to their families, talking to the folks 15 who come to our needle exchange program, and we 16 soon realized that when the supply was starting 17 to dry up, the addiction was still there. 18 Q. Okay. And so if I can perhaps 19 paraphrase what I think I'm hearing you say, is 20 that the increase in deaths resulted or at 21 least occurred because of patients switching 22 from prescription opioids to illicit opioids? 23 MS. KEARSE: Objection. 24 A. I wouldn't say "illicit." I will 25 say from a source they have never had it</p>

<p style="text-align: right;">Page 210</p> <p>1 before. So they might have thought it looked 2 just like a little blue pill, or it was 3 somebody's blue pill, but it was also laced 4 with fentanyl or carfentanil. 5 Q. Well, fentanyl is an illicit 6 substance? 7 A. Yes. Correct. I'm sorry. I 8 understand what you are saying now, yes. 9 Q. And roughly, when did Summit 10 County, at least your agency, begin seeing that 11 transition? 12 A. Probably it was 15 to 16, but 13 particularly in July of 16 is when, I think, we 14 had enough evidence, and it finally hit home, 15 that we had a weekend of many, many overdoses, 16 and it started to really bring it home that, 17 yes, these individuals were addicted and were 18 going to engage in drug-seeking behavior in 19 order to support their habit. 20 Q. But to be fair, your agency doesn't 21 have patient-level data that will tell you 22 whether any of those patients ever had a 23 legitimate prescription for prescription 24 opioids? 25 MS. KEARSE: Objection.</p>	<p style="text-align: right;">Page 212</p> <p>1 out with an opiate, I was hurt at work, 2 whatever, got an opiate, took way too much, got 3 addicted. 4 The group over here, we derived 5 from that information and other data sources 6 that, yes, in fact, it was the same thing 7 occurring here, people were going to the 8 streets to get drugs and ended up dying. 9 Q. Okay. So let me deal with the 10 information that your agency would be receiving 11 from clients and patients, who are telling you 12 that they got injured, had a legitimate 13 prescription, and transitioned to illegal 14 opioids, either pills or heroin. Is that the 15 type of information that would be maintained in 16 the counselor's assessments? 17 A. Yes. 18 Q. Now, going back to the July 2016 19 deaths, I'm not sure that I quite understand 20 how you are able to conclude that some, none, 21 or all of those involved patients who had 22 previously used prescription opioids? 23 A. We talked to many of those folks, 24 and knowing the amount of pills that were 25 prescribed and actually even -- we do something</p>
<p style="text-align: right;">Page 211</p> <p>1 A. That is correct. 2 Q. And the July 2016 spike in overdose 3 deaths was related to carfentanil? 4 A. And fentanyl. 5 Q. So fentanyl derivatives -- 6 A. Correct. 7 Q. -- analogs. And your agency 8 doesn't have any data at all to suggest that 9 any of those deaths -- any of those patients 10 ever had a prescription for opioid medications? 11 A. When the assessment is completed, 12 we do ask the question. 13 Q. Okay. And -- 14 A. So that would be with our subgroup 15 individuals. 16 Q. The subgroup being -- 17 A. The folks we are providing 18 treatment services for. 19 Q. Are you suggesting that the 20 counselors knew these patients who had 21 overdosed? 22 A. No, no, no, no. There are two 23 separate groups. I'm saying that the 24 individuals that we see were seeking treatment. 25 They were saying to us, that, yes, we started</p>	<p style="text-align: right;">Page 213</p> <p>1 called quick response teams, where we actually 2 visit the homes of folks that overdose, and we 3 are part of quick response teams in Summit 4 County, so we collect the data. 5 The reason we feel confident in 6 believing that is there was such a supply. 7 There is no other plausible reason that a bunch 8 of people who could legitimately get a 9 prescription, sometimes even paid for by their 10 health insurance, would go to the streets, 11 unless they couldn't get those pills anymore. 12 Q. Okay. So it's an educated guess? 13 MS. KEARSE: Objection. 14 A. It's more than an educated guess. 15 Q. So we were talking about six deaths 16 in July of 2016 -- 17 A. Yes. 18 Q. -- is what you had told me? 19 A. No. Was it 26 deaths in July? 20 Q. I thought you said -- I wrote down 21 26 deaths but -- 22 A. No. I don't remember how many 23 deaths there were. 24 Q. All right. So it might have been 25 me writing down in my notes wrong, but whatever</p>

<p style="text-align: right;">Page 214</p> <p>1 that spike was in July of 2016, your testimony 2 is there was follow-up done by your agency to 3 assess the addiction pattern in some or all of 4 those cases? 5 A. No, no. We don't look at -- we 6 would never look at 26 people. We look at a 7 much bigger picture in the community. 8 So those 26 folks, I don't know who 9 they are. We're saying this comes from many 10 sources, and the assumption would be that, yes, 11 in fact, some or maybe all of those folks 12 started with a prescription med. If you apply 13 the 80 percent that everybody tells us, then, 14 yeah, it was a good number of them. 15 Q. Okay. And how many of those 80 16 percent, based on the interviews and data you 17 have seen from any source, ever actually had a 18 legitimate prescription for opioids? 19 A. I don't know that. 20 Q. If you look at Exhibit 6, in the 21 top chart, it shows an uptick in -- well, I'll 22 ask if you agree with me. 23 Do you agree with me that top chart 24 shows an increase in drug poisoning deaths 25 beginning in 2011 or 2012?</p>	<p style="text-align: right;">Page 216</p> <p>1 what's in those numbers. 2 Q. All right. Are you aware of any 3 data or analysis from your time as Summit 4 County's -- the health commissioner for Summit 5 County Public Health, as to the cause of any 6 increase in opioid overdoses since 2011 or 2012 7 is? 8 MS. KEARSE: Objection. 9 A. I'm sorry. Could you repeat that, 10 please? 11 Q. Yeah. I'll try. It was a bad 12 question. 13 We saw in Exhibit 5 that there has 14 been an increase -- 15 A. Right. 16 Q. -- in opioid-related deaths. 17 A. Right. 18 Q. Do you have an opinion, one way or 19 the other, as to whether those increases in 20 deaths are caused by opioids? 21 MS. KEARSE: Objection. 22 A. Yes. 23 Q. Do you have an opinion, one way or 24 the other, whether those increases in opioid 25 deaths were caused primarily by heroin and</p>
<p style="text-align: right;">Page 215</p> <p>1 A. Yes. I don't know if it is 2 statistical or not significantly, but it is 3 definitely an uptick. 4 Q. And we don't know, as we sit here, 5 whether those are opioid-related deaths? 6 MS. KEARSE: Objection. 7 A. No, we do not. 8 Q. Do you believe, based on your 9 experience at Summit County Public Health since 10 2015, that the main driver of that was opioid 11 deaths? 12 A. Yes. 13 Q. Would you agree with me that -- 14 A. Or I would agree with you that it 15 was opioid overdoses. 16 Q. Okay. And would you agree with me 17 that the primary driver for those increases was 18 use of heroin and fentanyl analogs? 19 MS. KEARSE: Objection. 20 A. No. 21 Q. What is that based on? 22 A. I don't know that. 23 Q. You don't know, okay. So you don't 24 have -- you can't say one way or the other? 25 A. Based on this, I have no idea</p>	<p style="text-align: right;">Page 217</p> <p>1 fentanyl analogs? 2 A. I don't know that. 3 MR. NAEEM: I'm surprised I said 4 something that egregiously stupid since we got 5 started, and I'm not excluding the fact that 6 I've said a lot of stupid things since this 7 deposition started. 8 Q. We have talked about statistics 9 regarding opioid deaths and the data maintained 10 by Summit County Public Health. We have also 11 talked about ADM and the data they may have or 12 have access to regarding opioid overdoses. 13 A. Yes. 14 Q. All right. So other than Summit 15 County Public Health, other than ADM, are there 16 any Summit County entities that maintain that 17 type of data, overdose -- overdose data that 18 allows you to drill down to whether it was 19 opioid related or not? 20 A. Within the whole county? 21 Q. Yeah. 22 A. Certainly there are medical records 23 that do, but we don't have access to them. 24 Children's Services, Summit County Children's 25 Services may have some data as related to their</p>

<p style="text-align: right;">Page 218</p> <p>1 custody cases, that have children that are 2 placed in custody based on overdose. 3 Obviously the coroner, not for 4 profits, the 30 subcontractors that Jerry 5 funds, Jerry Craig from the ADM board, Oriana 6 House, Summit County jail, they perhaps would 7 have information that would speak to the -- the 8 sheriffs, well, police officers as well, EMS, 9 some of their run data, which again we don't 10 have access to. 11 Q. Okay. Have you seen any -- I think 12 you mentioned that the task force, one of the 13 goals that they set for themselves was a 14 reduction in prescription opioids dispensed? 15 A. Per person. 16 Q. Per person. How has that changed 17 since 2014, that number? 18 A. It's going down. 19 Q. So the conclusion being that the 20 amount of opioids prescribed in Summit County 21 has gone down since 2014? 22 A. I'm not sure 14, but 15, 16 maybe, 23 16. Whenever the laws, rules changed. 24 Q. And I appreciate what you are 25 saying. If we compare 2014 to today,</p>	<p style="text-align: right;">Page 220</p> <p>1 Q. What was -- the Detera Project is 2 actually the name of the entity? 3 A. No, no. Detera Project is the 4 name of the project. It's with Community 5 Partnership. That's Darryl Brake's group. 6 Darryl Brake, like brake, B-R-A-K-E. 7 Q. So community project is the name of 8 the -- 9 A. No. That's the name of his 10 501(c)(3). 11 Q. And that's what I meant. I'm 12 sorry. 13 A. Yes. And then he runs the Detera 14 Project. He was able to secure like 40,000 of 15 those bags for Summit County. 16 Q. Does Summit County Public Health, 17 other than pass out some of these bags, does it 18 provide any funding to that project? 19 A. Not to my knowledge. 20 Q. Do you know whether Mr. Brake 21 received any funding or support from any 22 pharmaceutical companies? 23 A. I believe he did. 24 Q. And what is your understanding as 25 to that?</p>
<p style="text-align: right;">Page 219</p> <p>1 regardless of when it started, the number now 2 is lower than it was in 2014? 3 A. Yes. To my knowledge, yes. 4 Q. Are you familiar with, and I may 5 not pronounce these correctly, but the Detera 6 Project? 7 A. Yes. 8 Q. Okay. What is that? 9 A. Detera is -- there is a local not 10 for profit, Darryl Brake and his group, there 11 is like three people, two or three people. 12 They are a drug prevention organization, and 13 they were able to secure these charcoal-filled 14 bags, and you can dump an opioid in them and 15 seal it up and it disintegrates it. So another 16 way to get drugs out of the community. 17 So he partnered with, like, Acme 18 pharmacies and a few other pharmacies, that 19 handed out -- when they prescribe an opiate, 20 they then also give them Detera bags. And 21 then we hand out Detera bags as well, not that 22 we give out opiates but... 23 Q. Did you suggest that it's a 24 separate entity that handles that program? 25 A. Yes. He's a 501(c)(3), yes.</p>	<p style="text-align: right;">Page 221</p> <p>1 A. I don't know. I know they came 2 from somewhere. It was not -- he didn't 3 purchase them. I don't remember the name of 4 the company that bought those for him. 5 Q. Does Mallinckrodt sound familiar? 6 A. Yeah, that could be it. That may 7 have been it, yes. 8 Q. And what year did he start that 9 project? 10 A. 15, 16 maybe. 11 Q. Has -- strike that. 12 Have you read the complaint in this 13 case? 14 A. No. 15 Q. Do you have any personal knowledge 16 regarding any of the acts or omissions alleged 17 with respect to the pharmaceutical 18 manufacturers? 19 A. No. We hired attorneys to do that, 20 quite honestly. 21 Q. Do you have any personal knowledge 22 about any of the allegations against the 23 distributors or pharmacies in these cases? 24 A. No, I do not. 25 Q. If I were to go through the list of</p>

<p style="text-align: right;">Page 222</p> <p>1 defendants and ask you what products they</p> <p>2 manufacture, would you know?</p> <p>3 A. Maybe, maybe not. Not every single</p> <p>4 one of them.</p> <p>5 Q. Would you know when those companies</p> <p>6 first began manufacturing those -- each</p> <p>7 specific product?</p> <p>8 A. No. I know some of them came on</p> <p>9 the market in 96, I believe in the 90s, but</p> <p>10 that's all I would know. Just very general</p> <p>11 information.</p> <p>12 Q. And again, you have not reviewed</p> <p>13 any of the warnings or prescribing information</p> <p>14 or patient information for any of those -- any</p> <p>15 of the opioid products manufactured by the</p> <p>16 defendants in these cases?</p> <p>17 A. No, I have not.</p> <p>18 Q. Have you had any involvement with</p> <p>19 any of the State of Ohio initiatives to address</p> <p>20 the opioid crisis?</p> <p>21 A. With the attorney general's office?</p> <p>22 Q. Any, any of them.</p> <p>23 A. Okay. Oh, yes. I have, yes.</p> <p>24 Q. You mentioned the attorney general?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 224</p> <p>1 A. They were over the last couple of</p> <p>2 years, maybe a year.</p> <p>3 Q. So during your time as health</p> <p>4 commissioner?</p> <p>5 A. Yes.</p> <p>6 MS. KEARSE: Are you at a good</p> <p>7 stopping point? It's about 2:30.</p> <p>8 MR. NAEEM: Yeah. We can -- just</p> <p>9 trying to consolidate --</p> <p>10 MS. KEARSE: Another two minutes,</p> <p>11 break at 2:30?</p> <p>12 MR. NAEEM: Might as well do it</p> <p>13 now. I'm just trying to consolidate what I</p> <p>14 have left so I can pass it over to these guys.</p> <p>15 THE VIDEOGRAPHER: Off the record</p> <p>16 at 2:31.</p> <p>17 (Recess taken.)</p> <p>18 THE VIDEOGRAPHER: On the record.</p> <p>19 2:50.</p> <p>20 Q. Ms. Skoda, I don't think I have</p> <p>21 much more before I go ahead and let other</p> <p>22 counsel here ask their questions, but I wanted</p> <p>23 to clear up one thing.</p> <p>24 When, and I'm not sure really</p> <p>25 whether I asked the question directly, so I'll</p>
<p style="text-align: right;">Page 223</p> <p>1 Q. Have you had any -- and we will get</p> <p>2 to that in a second, but have you had any</p> <p>3 involvement with any Ohio Department of Health</p> <p>4 initiatives to reduce -- or to address the</p> <p>5 opioid crisis in the State of Ohio?</p> <p>6 A. Yes. We receive grant money.</p> <p>7 Q. Other than grant money, have you</p> <p>8 participated in any of the State of Ohio task</p> <p>9 forces that are addressing the opioid issue?</p> <p>10 A. The only one that is not really</p> <p>11 purely the Ohio Department of Health, but the</p> <p>12 Association of Health Commissioners drafted a</p> <p>13 white paper as to what public health could do</p> <p>14 to help with the opioid situation.</p> <p>15 And then I also -- I sat on for</p> <p>16 like two initial meetings with the health</p> <p>17 commissioners and individuals that had opioid</p> <p>18 task forces, and then I assigned it to</p> <p>19 somebody, but it was really just coming</p> <p>20 together and sharing ideas.</p> <p>21 Those were the only two, but they</p> <p>22 weren't really Ohio Department of Health,</p> <p>23 although Ohio Department of Health personnel</p> <p>24 were there.</p> <p>25 Q. When were those?</p>	<p style="text-align: right;">Page 225</p> <p>1 get to it, but when we were talking about</p> <p>2 heroin and fentanyl and its impact in Summit</p> <p>3 County, can you put a date on when those</p> <p>4 substances made their appearance to Summit</p> <p>5 County, again, contributing to this crisis?</p> <p>6 MS. KEARSE: Objection.</p> <p>7 A. I was first aware of it in -- end</p> <p>8 of July -- or end of June, beginning of July of</p> <p>9 16, 2016.</p> <p>10 Q. And prior to becoming health</p> <p>11 commissioner, is that something that you would</p> <p>12 have been aware of, if it had, in fact,</p> <p>13 occurred or started occurring earlier than</p> <p>14 summer of 16?</p> <p>15 A. I don't know. Maybe, but I don't</p> <p>16 remember ever hearing about it before then.</p> <p>17 - - - - -</p> <p>18 (Thereupon, Deposition Exhibit 7,</p> <p>19 October 26, 2015 Email, Beginning</p> <p>20 with Bates Label Summit 178390, was</p> <p>21 marked for purposes of</p> <p>22 identification.)</p> <p>23 - - - - -</p> <p>24 Q. Ms. Skoda, handing you what has</p> <p>25 been marked as Deposition Exhibit 7, can you</p>

<p style="text-align: right;">Page 226</p> <p>1 please take a look at that.</p> <p>2 Have you had an opportunity to</p> <p>3 review that?</p> <p>4 A. Oh, yeah. I know what it is.</p> <p>5 Q. This is an email you received in</p> <p>6 October of 2015; would you agree with me?</p> <p>7 A. Yes.</p> <p>8 Q. And what's the subject of the</p> <p>9 email?</p> <p>10 A. It is Increase in the Fentanyl Drug</p> <p>11 Confiscations and Fentanyl-Related Overdose</p> <p>12 Drug Fatalities.</p> <p>13 Q. And who is this email from?</p> <p>14 A. These alerts started in about 2003.</p> <p>15 They come from the State of Ohio or CDC wanting</p> <p>16 to get information out. They are sent to</p> <p>17 probably, oh, 25, 30 people in our</p> <p>18 organization, maybe even more than that, 35, at</p> <p>19 different levels of reporting.</p> <p>20 So I may have well received this,</p> <p>21 yet it didn't apply to me, so I wouldn't have</p> <p>22 done anything with it.</p> <p>23 Q. Okay. But you did forward it --</p> <p>24 A. Yes.</p> <p>25 Q. -- from one of your email addresses</p>	<p style="text-align: right;">Page 228</p> <p>1 THE VIDEOGRAPHER: On the record,</p> <p>2 2:55.</p> <p>3 EXAMINATION OF DONNA SKODA</p> <p>4 BY MR. LAVELLE:</p> <p>5 Q. My name is John Lavelle. I'm an</p> <p>6 attorney with Morgan Lewis, and I'm</p> <p>7 representing Rite Aid of Maryland. So I'm</p> <p>8 going to ask you some more questions.</p> <p>9 Is it okay if I call you</p> <p>10 Commissioner?</p> <p>11 A. You can call me Donna.</p> <p>12 Q. Okay. Whatever you are most</p> <p>13 comfortable with.</p> <p>14 I wanted to start with the issue of</p> <p>15 my client being sued in this case. Are you</p> <p>16 aware that Rite Aid is a defendant in this</p> <p>17 case?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know when they were added as</p> <p>20 a defendant?</p> <p>21 A. No.</p> <p>22 Q. Do you know why they were added as</p> <p>23 a defendant?</p> <p>24 A. No.</p> <p>25 Q. Do you know whether they were sued</p>
<p style="text-align: right;">Page 227</p> <p>1 to another one of your email addresses?</p> <p>2 A. I may have done that. Who did it</p> <p>3 go to? Oh, my home address, just to make sure</p> <p>4 I had it, yes.</p> <p>5 Q. And the subject of this email is</p> <p>6 increases in fentanyl -- part of it is</p> <p>7 fentanyl-related overdose facilities; do you</p> <p>8 see that?</p> <p>9 A. Correct.</p> <p>10 Q. So by your testimony about July</p> <p>11 2016, you weren't saying that fentanyl hadn't</p> <p>12 caused overdoses in Ohio or Summit County prior</p> <p>13 to that, you were just saying that's when you</p> <p>14 became aware of that?</p> <p>15 MS. KEARSE: Objection.</p> <p>16 A. Yes.</p> <p>17 MR. NAEEM: All right. I don't</p> <p>18 have anything else. So it was two minutes,</p> <p>19 Anne.</p> <p>20 MS. KEARSE: Murphy's law, right.</p> <p>21 MR. NAEEM: So I'm going to go</p> <p>22 ahead and turn it over to Mr. Salimbene.</p> <p>23 THE VIDEOGRAPHER: Off the record,</p> <p>24 2:54.</p> <p>25 (Pause.)</p>	<p style="text-align: right;">Page 229</p> <p>1 at the same time as the other defendants?</p> <p>2 A. I don't know that.</p> <p>3 Q. I want to show you an exhibit.</p> <p>4 MR. LAVELLE: Let's mark this,</p> <p>5 please.</p> <p>6 - - - - -</p> <p>7 (Thereupon, Deposition Exhibit 8,</p> <p>8 LinkedIn Profile of Donna Skoda, was</p> <p>9 marked for purposes of</p> <p>10 identification.)</p> <p>11 - - - - -</p> <p>12 Q. Donna, we've marked as Exhibit 8 a</p> <p>13 LinkedIn profile that, I believe, I found for</p> <p>14 you.</p> <p>15 A. Okay.</p> <p>16 Q. Do you recognize that?</p> <p>17 A. Actually, no. I mean, I recognize</p> <p>18 it, but we only put that up because we needed</p> <p>19 to have it for a grant we applied for. I don't</p> <p>20 do much with it.</p> <p>21 Q. Okay. Well, first of all, do you</p> <p>22 have a LinkedIn profile?</p> <p>23 A. Yes.</p> <p>24 Q. Does what we have marked as Exhibit</p> <p>25 8 look to you like your LinkedIn profile?</p>

58 (Pages 226 - 229)

<p style="text-align: right;">Page 230</p> <p>1 A. Maybe. I mean, that probably 2 sounds totally crazy, but I don't really ever 3 go here. 4 Q. Did you have any involvement in 5 putting up the LinkedIn profile -- 6 A. When we needed it for a grant, we 7 did, about, oh, a while ago. 8 Q. Well, I'll just give you -- I think 9 you got the direction earlier from counsel, 10 it's important that you wait until I finish -- 11 A. Okay. I'm sorry. Yeah. 12 Q. -- the question -- that you wait 13 until I finish asking a question before you 14 answer it, otherwise -- 15 A. Okay. 16 Q. -- we are talking over one another. 17 A. Okay. 18 MS. KEARSE: Counsel didn't give 19 that advice, but go ahead. 20 Q. Okay. All right. Well, I'm going 21 to ask that you try and -- and I'll try and 22 work on finishing my questions before you give 23 an answer. 24 Okay. So specifically with respect 25 to this document, the reason I put it in front</p>	<p style="text-align: right;">Page 232</p> <p>1 Q. And you received a Master's from 2 Case Western in nutrition and public health in 3 1990; is that correct? 4 A. Correct. 5 Q. Okay. Now let's turn to the 6 description of your experience. 7 A. When -- there is some things 8 missing. I worked at MetroHealth Medical as a 9 dietician in there as well, doing some home 10 visiting for children with special healthcare 11 needs. 12 Q. What time period was that? 13 A. It would have been 80 -- I'm sorry, 14 I had to be a dietician. 91 to maybe 93 or 4. 15 Q. Did that overlap at all with any of 16 the other jobs that are -- 17 A. Cuyahoga County Board of Health, 18 because for a while I was part time at both. I 19 was part time at MetroHealth Medical and part 20 time at the board of health. 21 Q. How long a period did you overlap 22 at both of those? 23 A. A couple years maybe, year and a 24 half, two years. 25 Q. So this profile lists you as</p>
<p style="text-align: right;">Page 231</p> <p>1 of you, I just wanted to have collected in one 2 place what I thought was your professional 3 background here. Can you tell me whether this 4 is an accurate description of your professional 5 background? 6 A. It's very -- it's not updated, and 7 it's very -- it's hieroglyphic, at best. 8 Q. Okay. Why don't you tell me, under 9 experience, what is incorrect, if anything 10 that's listed there? 11 A. If you start -- do you want to go 12 up from the bottom? But if you start at 13 education, where I think is where I started the 14 last time, I originally went to Kent State 15 University and received that degree in social 16 work/corrections, and then I went to the 17 University of Akron to complete the 18 undergraduate coursework that was needed, and 19 then I went to Case Western Reserve University. 20 Q. So Kent State is not listed here -- 21 A. Correct. 22 Q. -- in your LinkedIn profile? 23 But other than that, the 24 description of your education is correct? 25 A. Yes.</p>	<p style="text-align: right;">Page 233</p> <p>1 starting at Cuyahoga County Board of Health as 2 a supervisor in June of 1993; is that correct? 3 A. Yes. It might -- it was 4 supervisor, yes. 5 Q. And it shows that you were there 6 until July of 2001; is that correct? 7 A. Correct. 8 Q. And how about the next entry going 9 up the chart? 10 A. That's what I was debating earlier. 11 I'm not sure it was called policy or planning, 12 or what the actual title was, director. And 13 then I became a deputy health commissioner, and 14 then I became the health commissioner. 15 Q. So your LinkedIn profile says that 16 you were with Summit County Public Health in 17 the position of director of policy and planning 18 from June of 2001 to August 2011. Did I read 19 that correctly? 20 A. Yes. 21 Q. And is that accurate? 22 A. There was a couple of positions in 23 there, so I really don't remember. 24 Q. So this period of June 2001 to 25 August 2011, you had some other positions</p>

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1 as well --

2 A. Yes.

3 Q. -- that are not reflected on this?

4 A. Yes. Other duties, other

5 positions.

6 Q. The position of deputy health

7 commission for planning, did you assume that in

8 August of 2011?

9 A. Yes.

10 Q. And you held that position through

11 June of 2015; is that correct?

12 A. Yes. I actually thought it was

13 August of 2012, but it might have been 2011.

14 Q. What's your best recollection

15 today?

16 A. 11, we'll say 11.

17 Q. Okay. And this LinkedIn profile

18 says that you became the health commissioner in

19 July of 2015. Is that accurate?

20 A. Yes.

21 Q. And you continue to hold that

22 position today?

23 A. Yes.

24 Q. In your role as health

25 commissioner, do you have any supervisory

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1 responsibility for pharmacies?

2 A. No.

3 Q. Have you ever, in any of your job

4 positions that we looked at here, had any

5 responsibility for supervising pharmacies?

6 A. No.

7 Q. You are not a physician; is that

8 correct?

9 A. Correct.

10 Q. You are not a nurse?

11 A. Correct.

12 Q. You have never gone to medical

13 school?

14 A. No.

15 Q. You're not licensed by the State of

16 Ohio to write prescriptions, are you?

17 A. Correct.

18 Q. And you would, therefore, not be

19 licensed to write a prescription for an opioid;

20 is that correct?

21 A. Correct.

22 Q. Do you have any interactions

23 currently, as commissioner, with retail

24 pharmacies?

25 A. The only one I can say we have ever

Page 236

1 really interacted with was the Acme pharmacies,

2 and that's been quite a while. His name was

3 Joe Lahovich.

4 Q. I'm sorry. Was that an acronym

5 that you gave earlier, Acme?

6 A. Acme. It's a local grocery chain.

7 Q. Acme, the grocery store.

8 A. Yeah.

9 Q. A-C-M-E?

10 A. Yes. It's a local grocery store.

11 They were working with us on some

12 disaster-preparedness events and some

13 activities, and Joe was agreeing to be our

14 Strategic National Stockpile, allowing us to

15 store -- they have large warehouses. They were

16 going to allow us to store some of the

17 pharmaceuticals we needed for preparedness at

18 their warehouse.

19 So that was really my -- other than

20 personal interaction with a pharmacist for my

21 own prescriptions, that would be it.

22 Q. Any of that interaction you had

23 with the Acme pharmacist, did that have

24 anything to do with opioids?

25 A. No.

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1 Q. Have you ever had any professional

2 contact with Rite Aid?

3 A. No.

4 Q. How about with Walgreens?

5 A. Professional contact?

6 Q. Yes --

7 A. No.

8 Q. -- in any of the positions that we

9 have looked at as health commissioner or in any

10 other position you have held for Summit or

11 Cuyahoga Counties?

12 A. No.

13 Q. How about with respect to CVS, you

14 have had any professional contact with any of

15 them --

16 A. No.

17 Q. -- with CVS?

18 How about with Walmart?

19 A. No.

20 Q. Any other retail pharmacy that we

21 haven't already mentioned that you have had

22 professional contact with?

23 A. No.

24 Q. In your role as commissioner, do

25 you have any responsibility for supervising

<p style="text-align: right;">Page 238</p> <p>1 distributors of prescription drugs?</p> <p>2 A. No.</p> <p>3 Q. Do you have any interactions with</p> <p>4 drug distributors?</p> <p>5 A. No.</p> <p>6 Q. Do you know who supplies</p> <p>7 pharmaceutical products to Rite Aid?</p> <p>8 A. No.</p> <p>9 Q. Do you know who supplies them to</p> <p>10 Walgreens?</p> <p>11 A. No.</p> <p>12 Q. Do you know who supplies them to</p> <p>13 CVS?</p> <p>14 A. No.</p> <p>15 Q. To Walmart?</p> <p>16 A. No.</p> <p>17 Q. Would you agree that there are some</p> <p>18 patients for whom opioids are an appropriate</p> <p>19 treatment?</p> <p>20 MS. KEARSE: Objection.</p> <p>21 A. Yes.</p> <p>22 Q. How would you define that group?</p> <p>23 A. The original intent for end of</p> <p>24 life, hospice care, surgery, under a very</p> <p>25 controlled situation.</p>	<p style="text-align: right;">Page 240</p> <p>1 determining whether patients receive</p> <p>2 prescription drugs?</p> <p>3 MS. KEARSE: Objection.</p> <p>4 A. I'm sorry. Could you ask that</p> <p>5 again?</p> <p>6 Q. Sure. Would you agree with me that</p> <p>7 doctors are responsible for determining whether</p> <p>8 patients get prescription drugs?</p> <p>9 A. Physicians and anybody who has</p> <p>10 prescriptive powers can determine whether or</p> <p>11 not somebody gets a drug.</p> <p>12 Q. And I believe you discussed that</p> <p>13 earlier today, but that would be physicians,</p> <p>14 nurses who have the ability to write</p> <p>15 prescriptions? Is there anybody --</p> <p>16 A. Physician assistants.</p> <p>17 Q. Physician assistants.</p> <p>18 A. Psychiatrists, anyone who has the</p> <p>19 ability to -- who is licensed in Ohio to write</p> <p>20 prescriptions.</p> <p>21 Q. Right. Are you familiar with the</p> <p>22 Controlled Substances Act?</p> <p>23 A. Yes.</p> <p>24 Q. How did you become familiar with</p> <p>25 the Controlled Substances Act?</p>
<p style="text-align: right;">Page 239</p> <p>1 Q. And who gave you the information on</p> <p>2 which you base that understanding?</p> <p>3 A. I think the literature that I have</p> <p>4 read, and understanding that -- knowing that</p> <p>5 when you don't have constraints around those</p> <p>6 drugs, that they can be misused and used and</p> <p>7 put out into the community where there is just</p> <p>8 too many of them.</p> <p>9 So I have, over the last three</p> <p>10 years, developed an opinion and a belief and</p> <p>11 knowledge that it needs to be in a very</p> <p>12 controlled substance when those -- or situation</p> <p>13 when those drugs are used.</p> <p>14 Q. We already covered that you</p> <p>15 yourself can't write prescription --</p> <p>16 A. Correct.</p> <p>17 Q. -- for opioids, right?</p> <p>18 Do you know whether your belief is</p> <p>19 consistent with what federal law provides?</p> <p>20 A. I do not know.</p> <p>21 Q. Do you know whether your belief is</p> <p>22 consistent with what Ohio law provides?</p> <p>23 A. I do not know.</p> <p>24 Q. Would you agree with me that</p> <p>25 doctors are ultimately responsible for</p>	<p style="text-align: right;">Page 241</p> <p>1 A. When I was a parole officer,</p> <p>2 individuals used to be arrested when they</p> <p>3 would -- if they were forging prescriptions or</p> <p>4 trying to get drugs illegally, they would</p> <p>5 be -- I mean, DEA or whomever was doing the</p> <p>6 investigation would cite those rules and</p> <p>7 regulations.</p> <p>8 Q. Do you know how prescription</p> <p>9 opioids are regulated under the Controlled</p> <p>10 Substances Act?</p> <p>11 A. Not specifically. I just know they</p> <p>12 are controlled.</p> <p>13 Q. Are you aware that there are</p> <p>14 different levels of -- different schedules --</p> <p>15 A. Yes.</p> <p>16 Q. -- within the Controlled Substances</p> <p>17 Act?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Again, I'll ask you to wait</p> <p>20 until I finish a question before you answer it.</p> <p>21 So let me just ask the question</p> <p>22 again. Are you aware that there are different</p> <p>23 schedules within the Controlled Substances Act?</p> <p>24 A. Yes.</p> <p>25 Q. And that there are different levels</p>

<p style="text-align: right;">Page 242</p> <p>1 of control on particular categories of drugs 2 based on what schedule they fall within? 3 A. Yes. 4 Q. Do you know what schedule 5 prescription opioids fall into? 6 A. No, I do not. 7 Q. Are you familiar with the duties of 8 distributors under the Controlled Substances 9 Act? 10 A. No, I am not. 11 Q. Are you familiar with the Ohio 12 Board of Pharmacy? 13 A. Yes. 14 Q. How are you familiar with the Ohio 15 Board of Pharmacy? 16 A. We have a terminal dispensing 17 license through the Ohio Pharmacy Board that we 18 have to renew in order for our medical director 19 to be able to provide free STD drugs to our 20 patients. 21 Q. So your department actually 22 dispenses drugs; is that correct? 23 A. STD drugs would be it. 24 Q. And that's through a grant of 25 authority from the Ohio Board of Pharmacy; is</p>	<p style="text-align: right;">Page 244</p> <p>1 opiate prescription filled, you put their name 2 and everything in there, and then that allows 3 physicians to monitor and see if they are 4 doctor shopping, or allows pharmacists to look 5 in there to see if, in fact, people are going 6 to one or more places before they fill a 7 prescription, or actually it is used to keep 8 track of where these opiates are going and 9 where they are being prescribed. 10 Q. Does OARRS provide data to people 11 in the community? 12 A. Not directly, no. Only if you're 13 an OARRS user, you have to have a reason to 14 have OARRS licensure -- you have to be -- your 15 patients are in OARRS, and you have been able 16 to get access to your patients in there, and 17 that's it. 18 Q. Are you aware that OARRS has a 19 public website? 20 A. Yes. 21 Q. Are you aware that OARRS issues 22 reports to the general public? 23 A. Yes. Aggregate, yes, yes. 24 Q. Have you ever seen any of those 25 reports?</p>
<p style="text-align: right;">Page 243</p> <p>1 that correct? 2 A. Correct. 3 Q. Do you yourself interact with the 4 Ohio Board of Pharmacy in a professional 5 capacity? 6 A. No, only in that they have attended 7 a few meetings I have been at, but that would 8 be it. 9 Q. I think you have testified earlier 10 about something called OARRS? 11 A. Yes. 12 Q. I think that's an acronym for the 13 Ohio Automated Rx Reporting System; is that 14 correct? 15 A. Yes. 16 Q. How are you familiar with OARRS? 17 A. OARRS data has been presented at 18 the Opiate Task Force and a few other 19 presentations I have been at that talks about 20 the number of pills that have been prescribed 21 per person in Ohio. 22 Q. What is your understanding of what 23 OARRS is? 24 A. Oh, OARRS is a program for which -- 25 what happens is you -- when somebody gets an</p>	<p style="text-align: right;">Page 245</p> <p>1 A. Maybe just once. Rich Marountas, 2 in our office, would pull those off and look at 3 them, if he was interested in looking at them. 4 Q. Why would Rich look at those 5 records? 6 A. He's our epidemiologist, and he may 7 just want to track and look and see what is 8 happening. 9 Q. Now, you described earlier today 10 that there was something that happened in July 11 of -- or late June or July of 2016 that made 12 you realize that there was an issue. 13 MS. KEARSE: Objection. 14 Q. Do you remember that testimony 15 earlier today? 16 A. Yes. 17 Q. What specifically happened, was 18 there a specific incident that occurred then? 19 A. It was the weekend that there were 20 many, many overdoses in Summit County, that 21 sent individuals to the ER, and I think as a 22 result of that, when we realized that it was 23 illegal -- most of it was -- the overdoses were 24 caused by fentanyl and carfentanil. 25 But when we realized it was</p>

<p style="text-align: right;">Page 246</p> <p>1 individuals that were using this as a 2 substitute for either a prescription medication 3 or somehow were hooked on opioids were using 4 this, were going to the streets when the supply 5 was drying up, and I think what happened then, 6 drug manufacturers -- not drug -- I meant not 7 you, not drug manufactures, but illegal drug 8 manufactures brought carfentanil and fentanyl, 9 whether it came from China or Mexico or 10 wherever, brought the drugs into Summit County, 11 because the supply of medication -- or 12 prescription opioids was drying up. 13 Q. So how many incidents were there 14 that occurred that weekend? 15 A. I can't remember exactly, but it 16 was a good number. I mean, I want to say we 17 had an unbelievable number of deaths -- or 18 overdoses that weekend. 19 Q. I understand you may not be able to 20 give a precise number, but if you can give an 21 approximation, that would be useful. 22 MS. KEARSE: Objection. 23 A. I want to say like 20 or 35, 24 somewhere in there, like. 25 Q. And that to 20 to 35 deaths</p>	<p style="text-align: right;">Page 248</p> <p>1 support a habit, but he didn't, he got a 2 carfentanil, because it looked the same, and he 3 thought that's what it was. 4 So to some extent we believe that 5 there was a lot of that behavior when the 6 supply dried up, and there was not as many 7 being dispensed. As the opiate per capita was 8 going down, the street use was going up. 9 Q. So in that particular incident that 10 you referred to, that anecdote, that was an 11 individual who thought he was buying one drug 12 illegally and was actually buying another drug 13 illegally; is that correct? 14 A. Yes. 15 Q. Do you know whether that individual 16 had ever been prescribed opioids? 17 A. I do not. 18 Q. I believe you said that, "The 19 supply was drying up." Can you explain what 20 you mean by that? 21 A. What was happening was there was 22 recommendations coming down that no longer 23 should we be prescribing -- or anybody in the 24 medical community be prescribing as many 25 opioids for conditions for which it wasn't</p>
<p style="text-align: right;">Page 247</p> <p>1 involved -- 2 A. No. I believe it was just the 3 overdoses peaked, and then we had deaths. 4 Q. Do you know how many deaths there 5 were among that group? 6 A. No, I don't. 7 Q. And how many of those 20 to 35 8 involved fentanyl or carfentanil? 9 A. Again, I'm sorry, I just don't 10 know. 11 Q. How many of them were people who 12 had previously been prescribed opioids? 13 A. I don't know that either. 14 Q. Do you know whether any of them had 15 been? 16 A. No. 17 Q. So really what struck you in July 18 of 2016 was that there was a problem with 19 fentanyl or carfentanil; is that right? 20 A. There were a number of individuals 21 who had drug-seeking behaviors that caused them 22 to use, thinking -- my personal recollection is 23 that I remember talking to one gentleman who 24 had overdosed and said he thought he was buying 25 an oxy in the street, like he always did, to</p>	<p style="text-align: right;">Page 249</p> <p>1 originally intended. 2 So if it wasn't end of life, it 3 wasn't cancer treatment, there were other ways 4 to address chronic pain, and we should stop 5 giving -- I say "we," collectively the medical 6 community should stop out -- stop giving 7 opioids for headaches or backaches. 8 And so I think when that started to 9 happen and some of the pill mills were shut 10 down and some of the prescribers, I think, were 11 starting to realize that maybe we shouldn't do 12 this, then people started to get other sources, 13 because when you're addicted, you're addicted. 14 You will go get the drug, even if it is a 15 really bad decision for your life. 16 Q. Okay. So I understand you have a 17 hypothesis here, but do you have any facts, as 18 we sit here, to suggest that any of those 20 to 19 35 people had actually ever been prescribed 20 opioids? 21 MS. KEARSE: Objection. 22 A. I would say yes. 23 Q. Okay. And what are those facts? 24 A. That the data sources that we 25 reviewed, and when we talked to the patients</p>

<p style="text-align: right;">Page 250</p> <p>1 about treatment, about 80 percent of all 2 individuals that now use street drugs or who 3 have turned to the other ways to get their 4 medications, began with an opiate or an opioid 5 prescription from a physician. 6 Q. Those are statistics that are 7 general? 8 A. I'm sorry? 9 Q. Those are general statistics, 10 correct? 11 A. Yes. 12 Q. But those are not statistics with 13 respect to this 20 to 35 incidents? 14 A. Correct. 15 Q. You do not know as we are sitting 16 here today, on August 14, 2018, what caused any 17 of those people to become addicted to opioids, 18 do you? 19 A. Correct. 20 Q. When do you understand that the 21 supply dried up, as you put it? 22 A. I think we knew that the dispensing 23 per person was going down, and I do believe 24 with police activity and, you know -- because 25 it takes a multifaceted approach to try to get</p>	<p style="text-align: right;">Page 252</p> <p>1 there has been another revision to that law, 2 like no more than seven days now, and all that 3 stuff. 4 Q. When did that occur? 5 A. Just recently, maybe four or five 6 months ago. 7 Q. Anything else, other than this law 8 change, whenever that occurred, that you can 9 identify today as a cause for the supply drying 10 up, as you put it? 11 A. No. 12 Q. Do you think police work had 13 anything to do with it? 14 A. Perhaps. I was thinking there was 15 some, but, you know, the problem started out, 16 you know, there has always been DEA and drug 17 enforcement units that are local, and there has 18 always been individuals that have always tried 19 to curb the availability of drugs in the 20 street, from marijuana to anything, and those 21 agents have always worked. 22 I don't know if they knew what they 23 were going after. I think in general, I mean, 24 it's so diverse and it's across so many 25 socioeconomic classes, I don't know if they</p>
<p style="text-align: right;">Page 251</p> <p>1 street drugs off the street, to get the supply 2 down. There was a lot of push to start, you 3 know, getting rid of opioids out of your 4 cupboards, you know, don't let it be in -- you 5 know, get rid of it, get rid of all that stuff, 6 start to ask questions. 7 So I would say that probably before 8 that big weekend of a lot of drug use, we 9 started to realize that, yes, the supply was 10 drying up. 11 Q. And as best you understand it, to 12 what do you attribute that drying up of the 13 supply? 14 A. I think the rules changed for 15 dispensing. There was enough education out 16 there to tell people that we needed to -- or 17 physicians, or whomever, that maybe they should 18 rethink prescribing as many opioids as they 19 were. 20 Q. What rule specifically are you 21 referring to there? 22 A. I believe the state law change that 23 had said that you couldn't dispense as many. 24 Q. And when did that law change? 25 A. I'm not exactly sure. Because</p>	<p style="text-align: right;">Page 253</p> <p>1 knew who they were trying to target to reduce 2 the amount of drugs, other than that illegal 3 trafficker. 4 Q. When, as you understand it, did the 5 supply dry up? 6 A. I think beginning maybe four -- 7 maybe a couple three months before that event, 8 four months, to my knowledge. 9 Q. So early 2016? 10 A. Yes. 11 Q. Is supply still dried up today? 12 MS. KEARSE: Objection. 13 A. I don't believe so. 14 Q. It's gotten worse since then? 15 A. No. I think the dispensing may be 16 down. I don't know. 17 What makes this so difficult, from 18 a public health perspective, is that, you know, 19 we look at a lot of data sets and we look at a 20 lot of information, we talk to a lot of people, 21 we try to find out, we review the refereed 22 literature to see what we should by doing or 23 what really seems to work, and when we do that, 24 this has been probably the most difficult 25 problem to get our hands around, because there</p>

<p style="text-align: right;">Page 254</p> <p>1 is a whole group of people that, you know, that 2 have insurance, who can legitimately maintain 3 an addiction for a long time without ever 4 coming to the surface, and that is the group, 5 to me, that is probably going to be the most 6 difficult for public health to get their hands 7 around.</p> <p>8 There is another, you know -- there 9 is a group of people that, yes, sure, started 10 out smoking marijuana, ended up, but that group 11 that cuts across all SES, that cuts across 12 white, black, whoever you are, we don't know 13 who those people are to target resources to try 14 to stop this and to get other ways for pain 15 management and whatever it takes to get people 16 off of pills to maintain their pain. And 17 that's what's made it so tough for us.</p> <p>18 Q. Commissioner, do you remember what 19 my question was?</p> <p>20 A. No. I'm sorry.</p> <p>21 MR. LAVELLE: Can we read back the 22 question, please, and strike that answer as 23 nonresponsive.</p> <p>24 MS. KEARSE: Objection. Just read 25 the question back. She answered your question.</p>	<p style="text-align: right;">Page 256</p> <p>1 A. I believe it was 2015. It was 2 mandated in 2015.</p> <p>3 MR. LAVELLE: Let's mark this as 4 the next exhibit, please.</p> <p>5 - - - - -</p> <p>6 (Thereupon, Deposition Exhibit 9, 7 Publication of the Ohio State Board 8 of Pharmacy About the Ohio Automated 9 Rx Reporting System, was marked for 10 purposes of identification.)</p> <p>11 - - - - -</p> <p>12 Q. Ms. Skoda, I have put in front of 13 you a document that is the publication of the 14 Ohio State Board of Pharmacy, about the Ohio 15 Automated Rx Reporting System, or OARRS --</p> <p>16 A. Correct.</p> <p>17 Q. -- it is a House Bill 93 report 18 dated November 21, 2011, and I'll represent to 19 you that we found this on the public section of 20 the OARRS website.</p> <p>21 A. Right.</p> <p>22 Q. Have you ever seen this before?</p> <p>23 A. No.</p> <p>24 Q. Are you familiar with House Bill 25 93?</p>
<p style="text-align: right;">Page 255</p> <p>1 THE NOTARY: Question: "It's 2 gotten worse since then?"</p> <p>3 MR. LAVELLE: And the question 4 before that?</p> <p>5 MS. KEARSE: Your question was --</p> <p>6 THE NOTARY: Question: Is supply 7 still dried up today?"</p> <p>8 "Objection."</p> <p>9 Answer: "I don't believe so.</p> <p>10 "Question: "It's gotten worse 11 since then?"</p> <p>12 Q. So can you answer that question, 13 it's got even worse since then?</p> <p>14 A. Yes.</p> <p>15 Q. How has it gotten worse since 2016?</p> <p>16 MS. KEARSE: I'll make an 17 objection. She did answer your question.</p> <p>18 A. I tried to answer that by saying 19 that I don't -- I think it's gotten worse 20 because we really can't get our hands around 21 knowing exactly where the problem is and where 22 it lies in regards to the number of 23 prescriptions that are out there.</p> <p>24 Q. Commissioner, when did the OARRS 25 database open?</p>	<p style="text-align: right;">Page 257</p> <p>1 A. No.</p> <p>2 Q. Let's take a look at page 3 of 3 this.</p> <p>4 MS. KEARSE: I'll object. She said 5 she's not familiar with this document, never 6 seen it.</p> <p>7 MR. LAVELLE: I understand.</p> <p>8 Q. Under Background, would you mind 9 reading the first two sentences?</p> <p>10 MS. KEARSE: Again, she has never 11 seen this document before. So if you're going 12 to ask her to see what it says on there, I 13 don't think it is appropriate to ask her 14 questions about it.</p> <p>15 Q. You can go ahead and read it.</p> <p>16 A. "In 2004, House Bill 377 was passed 17 by both the Ohio House of Representatives and 18 the Ohio Senate. It was signed by governor and 19 became law in May of 2005."</p> <p>20 Q. And then the next sentence?</p> <p>21 A. "It allowed the board of pharmacy 22 to develop and operate a dangerous drug 23 database."</p> <p>24 Q. Does looking at this help refresh 25 your recollection that the OARRS database</p>

<p style="text-align: right;">Page 258</p> <p>1 actually started much earlier than 2015?</p> <p>2 MS. KEARSE: Objection.</p> <p>3 A. No.</p> <p>4 Q. You weren't aware of that until I</p> <p>5 told that you today?</p> <p>6 A. Correct. I have never seen this.</p> <p>7 I didn't know this existed. I think -- what I</p> <p>8 think, I believe I said, was in 2015, it was</p> <p>9 mandated. I don't know when it was developed.</p> <p>10 I think 2015 is when they told physicians, "You</p> <p>11 have to report to this." I don't know when</p> <p>12 this was originally developed.</p> <p>13 Q. As best you understand, as you can</p> <p>14 sit here today and tell us, do you know when</p> <p>15 the OARRS database opened up?</p> <p>16 A. No.</p> <p>17 Q. Was it prior to 2015?</p> <p>18 MS. KEARSE: Objection.</p> <p>19 A. According to this document that</p> <p>20 I've just received, it was.</p> <p>21 Q. All right. Let's turn to the next</p> <p>22 page, please.</p> <p>23 MS. KEARSE: Again, the document</p> <p>24 speaks for itself. I'm going to object to</p> <p>25 reading the document.</p>	<p style="text-align: right;">Page 260</p> <p>1 is on the record.</p> <p>2 Q. Commissioner, are you familiar with</p> <p>3 HB, or House Bill 93?</p> <p>4 A. No.</p> <p>5 Q. You have never heard of it before?</p> <p>6 A. No.</p> <p>7 Q. Are you aware of the problem of</p> <p>8 individuals masquerading as legitimate medical</p> <p>9 care providers but who in reality were drug</p> <p>10 traffickers?</p> <p>11 MS. KEARSE: Objection.</p> <p>12 A. No. I'm not sure what that</p> <p>13 sentence means.</p> <p>14 Q. You talked about pill mills</p> <p>15 earlier?</p> <p>16 A. If they are referring to that, yes.</p> <p>17 Q. Do you know whether there were</p> <p>18 changes made in the law in Ohio in May of 2011</p> <p>19 in order to address prescription drug abuse?</p> <p>20 A. No, I do not.</p> <p>21 MR. LAVELLE: Let's mark this as</p> <p>22 the next exhibit, please.</p> <p>23 - - - -</p> <p>24 (Thereupon, Deposition Exhibit 10,</p> <p>25 OARRS 2017 Annual Report, was marked</p>
<p style="text-align: right;">Page 259</p> <p>1 Q. There is a paragraph that starts at</p> <p>2 the top of that page, starting with, "In May</p> <p>3 2011"?</p> <p>4 A. Right.</p> <p>5 MS. KEARSE: What page are you on?</p> <p>6 MR. LAVELLE: Page 4.</p> <p>7 Q. Would you mind reading the first</p> <p>8 three sentences there?</p> <p>9 A. "In May 2011, House Bill 93 became</p> <p>10 effective. This law made sweeping changes to</p> <p>11 address the epidemic of prescription drug abuse</p> <p>12 and overdose deaths in Ohio. The objective was</p> <p>13 to address those individuals who were</p> <p>14 masquerading as legitimate medical care</p> <p>15 providers but, in reality, were drug</p> <p>16 traffickers."</p> <p>17 MS. KEARSE: And I'm going to</p> <p>18 object to her just reading statements without a</p> <p>19 pending question, when you're having her read</p> <p>20 the document. The document speaks for itself.</p> <p>21 If you got a question about</p> <p>22 something, just ask her a question and she can</p> <p>23 review the document. I don't think it is</p> <p>24 appropriate for her to be reading the document.</p> <p>25 MR. LAVELLE: Okay. Your objection</p>	<p style="text-align: right;">Page 261</p> <p>1 for purposes of identification.)</p> <p>2 - - - -</p> <p>3 Q. Commissioner, we put in front of</p> <p>4 you the 2017 annual report of OARRS as</p> <p>5 published on their website.</p> <p>6 A. Yes.</p> <p>7 Q. Have you ever seen this before?</p> <p>8 A. No.</p> <p>9 Q. Have you ever looked at any annual</p> <p>10 reports of the OARRS system?</p> <p>11 A. I don't believe so.</p> <p>12 Q. Can you turn to page 3, please, of</p> <p>13 this document. It has State of Ohio Board of</p> <p>14 Pharmacy at the top. It's a letter in the</p> <p>15 form -- it's in the form of a letter from</p> <p>16 Steven Schierholt.</p> <p>17 A. Okay.</p> <p>18 Q. Do you know who Steven Schierholt</p> <p>19 is?</p> <p>20 A. No, I don't.</p> <p>21 MS. KEARSE: Again, I'll make an</p> <p>22 objection. She just testified she has never</p> <p>23 seen this document. To the extent you are</p> <p>24 going to have her read parts of this document,</p> <p>25 I think is inappropriate. You can ask her</p>

<p style="text-align: right;">Page 262</p> <p>1 questions about it.</p> <p>2 Q. In this letter, Mr. Schierholt says</p> <p>3 to Governor Kasich and members are the Ohio</p> <p>4 General Assembly, I'm going to read the first</p> <p>5 bullet point here, that, "The total doses of</p> <p>6 opioids dispensed to Ohio patients decreased by</p> <p>7 225 million doses, or 28.4 percent, from 2012</p> <p>8 to 2017." Do you see that bullet point I just</p> <p>9 read?</p> <p>10 A. Yes.</p> <p>11 Q. Were you aware of that prior to my</p> <p>12 reading that to you?</p> <p>13 MS. KEARSE: Objection.</p> <p>14 A. I knew that they were going down,</p> <p>15 but I didn't know the actual facts, how much</p> <p>16 they were going down. And that's all across</p> <p>17 Ohio. I'm not sure that's Summit County,</p> <p>18 correct? So I wouldn't have looked at anything</p> <p>19 that wasn't --</p> <p>20 Q. I'll try and show you something in</p> <p>21 a little bit that --</p> <p>22 A. Okay.</p> <p>23 Q. -- will focus specifically on</p> <p>24 Summit County, but let's just focus on this</p> <p>25 bullet point.</p>	<p style="text-align: right;">Page 264</p> <p>1 A. No.</p> <p>2 Q. Do you know what doctor shopping</p> <p>3 is?</p> <p>4 A. Yes.</p> <p>5 Q. Can you give us your understanding</p> <p>6 of what doctor shopping is?</p> <p>7 A. My understanding is that it is an</p> <p>8 individual that would go to multiple providers,</p> <p>9 trying to secure an opiate prescription, opioid</p> <p>10 prescription.</p> <p>11 Q. Why would someone go to multiple</p> <p>12 providers?</p> <p>13 A. So you can get more of them.</p> <p>14 Q. So it's a bad thing; is that right?</p> <p>15 A. Yes.</p> <p>16 Q. Was it your understanding, prior to</p> <p>17 my reading that bullet point to you, that</p> <p>18 doctor shopping behavior had decreased in Ohio?</p> <p>19 A. No, but it would make logical</p> <p>20 sense. Once you started monitoring it, you</p> <p>21 would be able to identify those individuals.</p> <p>22 Q. Your understanding is that this</p> <p>23 OARRS database has helped reduce doctor</p> <p>24 shopping?</p> <p>25 MS. KEARSE: Objection.</p>
<p style="text-align: right;">Page 263</p> <p>1 Were you aware, prior to my reading</p> <p>2 that bullet point to you, that the total doses</p> <p>3 of opioids dispensed to Ohio patients, during</p> <p>4 the period 2012 to 2017, had decreased by 28.4</p> <p>5 percent?</p> <p>6 MS. KEARSE: Objection.</p> <p>7 A. No, I do not.</p> <p>8 Q. Does that surprise you?</p> <p>9 A. No.</p> <p>10 Q. Do you have an understanding, as</p> <p>11 you sit here, why that occurred?</p> <p>12 A. No. I would assume they stopped</p> <p>13 dispensing as much.</p> <p>14 Q. The fourth bullet point here in</p> <p>15 Mr. Schierholt's letter to the governor and the</p> <p>16 members of the general assembly states, "The</p> <p>17 number of individuals engaged in doctor</p> <p>18 shopping behavior decreased from 2,205 in 2011</p> <p>19 to 273, or 88 percent, in 2017"; do you see</p> <p>20 that?</p> <p>21 A. Yes.</p> <p>22 MS. KEARSE: Again note an</p> <p>23 objection. The document speaks for itself.</p> <p>24 Q. Were you aware of that prior to my</p> <p>25 reading that to you?</p>	<p style="text-align: right;">Page 265</p> <p>1 A. Yes.</p> <p>2 Q. All right. I want to take you to</p> <p>3 the page that's captioned Section 1. It says</p> <p>4 Opioids Dispensed to Ohio Patients.</p> <p>5 Have you ever seen these statistics</p> <p>6 before? These are details about the decrease</p> <p>7 of 28.4 percent in total doses of opioids in</p> <p>8 Ohio.</p> <p>9 A. No, I have not seen them for Ohio.</p> <p>10 Summit County, yes, but not Ohio.</p> <p>11 Q. Were they decreasing for Summit</p> <p>12 County during this same period of time?</p> <p>13 A. Yes. I don't know where the</p> <p>14 decrease began, but I have been told they go</p> <p>15 down.</p> <p>16 Q. What is your understanding of why</p> <p>17 they decreased in Summit County during that</p> <p>18 time period?</p> <p>19 A. Dispensing practices.</p> <p>20 Q. Can you be more specific?</p> <p>21 A. Any provider that can dispense</p> <p>22 medications, it was my understanding, they were</p> <p>23 no longer prescribing as much.</p> <p>24 Q. And when did that start in Summit</p> <p>25 County?</p>

<p style="text-align: right;">Page 266</p> <p>1 A. I don't know.</p> <p>2 Q. Let's turn to the next page. You</p> <p>3 referred earlier in your testimony to MED?</p> <p>4 A. Yeah.</p> <p>5 Q. Do you remember using that term?</p> <p>6 A. Yes, morphine equivalent dose.</p> <p>7 Q. There is a definition of morphine</p> <p>8 equivalent dose here in this document. Would</p> <p>9 you mind reading it for us into the record?</p> <p>10 MS. KEARSE: Objection.</p> <p>11 A. The very first paragraph?</p> <p>12 Q. Yes.</p> <p>13 A. Okay. "A morphine equivalent dose,</p> <p>14 MED, is the total amount of the opioid</p> <p>15 medications converted to a common unit of</p> <p>16 milligrams of morphine that a patient currently</p> <p>17 has access to based on the information reported</p> <p>18 by prescribers and pharmacies to OARRS."</p> <p>19 Q. Can you read the next two --</p> <p>20 A. "Morphine is widely regarded as the</p> <p>21 standard of treatment of moderate to severe</p> <p>22 pain and is commonly used as a reference point.</p> <p>23 As MED increases, the likelihood of an adverse</p> <p>24 event increases, therefore identifying at-risk</p> <p>25 patients is a crucial first step towards</p>	<p style="text-align: right;">Page 268</p> <p>1 decrease?</p> <p>2 A. Yes.</p> <p>3 Q. Would you agree with me that that</p> <p>4 is another measure by which we can see that the</p> <p>5 prescriptions of opioids to Ohio patients went</p> <p>6 down during the time period 2010 to 2017?</p> <p>7 A. I think it's an average, yes.</p> <p>8 Q. Now, I think you described earlier</p> <p>9 that you wanted to see some specific Summit</p> <p>10 County statistics.</p> <p>11 MS. KEARSE: Objection.</p> <p>12 Q. Do you remember that?</p> <p>13 A. Yes. I just said I hadn't seen</p> <p>14 them so...</p> <p>15 Q. So have you ever looked on the</p> <p>16 OARRS website to see if they make that</p> <p>17 available to the members of the general public?</p> <p>18 A. I don't believe so.</p> <p>19 Q. You weren't curious, as</p> <p>20 commissioner of public health, to see whether</p> <p>21 OARRS actually makes that data available?</p> <p>22 MS. KEARSE: Objection.</p> <p>23 A. No.</p> <p>24 MR. LAVELLE: Let's mark this as</p> <p>25 the next exhibit.</p>
<p style="text-align: right;">Page 267</p> <p>1 improving patients safety."</p> <p>2 Q. Do you agree or disagree with this</p> <p>3 definition of MED, or morphine equivalent dose?</p> <p>4 A. It's scientific. I have no basis</p> <p>5 to question it. It's a conversion that's used</p> <p>6 to see how much you're getting of morphine.</p> <p>7 Q. But has this -- has OARRS described</p> <p>8 accurately, in your view, what morphine</p> <p>9 equivalent dose is?</p> <p>10 MS. KEARSE: Objection. Asked and</p> <p>11 answered.</p> <p>12 A. Yes.</p> <p>13 Q. Can you read for us what the</p> <p>14 average daily MED per prescription was</p> <p>15 dispensed to Ohio patients per year in the year</p> <p>16 2010?</p> <p>17 A. Average in Ohio, it would have been</p> <p>18 64.37.</p> <p>19 Q. I believe that's the average</p> <p>20 quantity per --</p> <p>21 A. Oh, I'm sorry. The MED would be</p> <p>22 53.35.</p> <p>23 Q. And by 2017, what was that number?</p> <p>24 A. 43.23.</p> <p>25 Q. Do you agree with me that's a</p>	<p style="text-align: right;">Page 269</p> <p>1 - - - - -</p> <p>2 (Thereupon, Deposition Exhibit 11,</p> <p>3 Printout Generated From OARRS Public</p> <p>4 Website, was marked for purposes of</p> <p>5 identification.)</p> <p>6 - - - - -</p> <p>7 Q. Commissioner, I have put in front</p> <p>8 of you what we have marked as Exhibit 11, a</p> <p>9 printout we generated from the OARRS public</p> <p>10 website, which compares Summit County to the</p> <p>11 county average for the different statistical</p> <p>12 measures that are covered there.</p> <p>13 Have you ever seen this type of</p> <p>14 data from OARRS before?</p> <p>15 A. No.</p> <p>16 Q. And you were not aware, prior to my</p> <p>17 showing this to you, you could get this</p> <p>18 information from the public database, were you?</p> <p>19 MS. KEARSE: Objection.</p> <p>20 A. Correct.</p> <p>21 Q. Would you look with me at the</p> <p>22 second page of this document, the Average Daily</p> <p>23 MED Per Ohio Patient By County and Quarter, do</p> <p>24 you see that caption at the top of the chart</p> <p>25 that is there, Average Daily MED Per Ohio</p>

<p style="text-align: right;">Page 270</p> <p>1 Patient By County and Quarter?</p> <p>2 A. Yes.</p> <p>3 Q. Are you familiar with what that</p> <p>4 means?</p> <p>5 A. It would be the amount of MED given</p> <p>6 to a patient by the quarter -- by a quarter, a</p> <p>7 three-month period of time.</p> <p>8 Q. And in this chart, there are two</p> <p>9 lines. There is a line which, according to the</p> <p>10 legend on the bottom, is blue --</p> <p>11 A. Right.</p> <p>12 Q. -- which is Summit, and then there</p> <p>13 is a line which is yellow, which is county</p> <p>14 average. Do you agree with me?</p> <p>15 A. Yes.</p> <p>16 Q. And from left to right, it</p> <p>17 progresses in time. So for 2010, quarter 1, to</p> <p>18 the far left, all the way to 2017, on the far</p> <p>19 right.</p> <p>20 A. Okay.</p> <p>21 Q. Would you agree with me that this</p> <p>22 chart shows that the average daily MED per Ohio</p> <p>23 patient by county and quarter is going down for</p> <p>24 Summit over the period of time that's covered</p> <p>25 here?</p>	<p style="text-align: right;">Page 272</p> <p>1 A. Per every individual.</p> <p>2 Q. And you would agree with me that,</p> <p>3 again, this is a chart that shows a line for</p> <p>4 Summit, which is in blue; do you agree with me,</p> <p>5 Commissioner?</p> <p>6 A. Yes. Oh, yeah.</p> <p>7 Q. And the line underneath it is the</p> <p>8 county average?</p> <p>9 A. Yes.</p> <p>10 Q. And as on the previous one, this</p> <p>11 progresses through time. So the far left is</p> <p>12 the earliest time, 2010 quarter 1, the far</p> <p>13 right is 2017, the most recent that's covered</p> <p>14 in the chart; do you agree?</p> <p>15 A. Correct.</p> <p>16 Q. And this chart shows that, again,</p> <p>17 Summit is above the county average at the</p> <p>18 beginning of the chart in 2010 and it has</p> <p>19 descended down below the county average by</p> <p>20 2017; is that right?</p> <p>21 A. Yes.</p> <p>22 Q. So that's good news; isn't it?</p> <p>23 MS. KEARSE: Objection.</p> <p>24 A. Yes. I'm hopeful.</p> <p>25 Q. And the number has gone down quite</p>
<p style="text-align: right;">Page 271</p> <p>1 A. Yes, just looking at it, but it</p> <p>2 kind of looks like it levels off at the end</p> <p>3 there. So I'm not sure what's going on.</p> <p>4 Q. In fact, it is above the county</p> <p>5 average in the early years, but then it comes</p> <p>6 to be --</p> <p>7 A. Correct.</p> <p>8 Q. -- about the same as the county</p> <p>9 average?</p> <p>10 A. Correct.</p> <p>11 Q. Looking at the next chart, it's</p> <p>12 captioned Average Day MED Per Capita to Ohio</p> <p>13 Patients by County and Quarter. Is that a</p> <p>14 measure you were familiar with?</p> <p>15 A. No.</p> <p>16 Q. You never heard of that before?</p> <p>17 A. No.</p> <p>18 Q. Do you have an understanding of how</p> <p>19 that would be different than Ohio patient?</p> <p>20 A. This is a per capita number?</p> <p>21 Q. Yes.</p> <p>22 A. Okay. Divided, okay, over time,</p> <p>23 yeah.</p> <p>24 Q. So what do you understand "per</p> <p>25 capita" to mean?</p>	<p style="text-align: right;">Page 273</p> <p>1 a bit, it has gone down from close to 3 MEDs,</p> <p>2 in the early years, down to 1.7 in 2017; is</p> <p>3 that right?</p> <p>4 A. Yes.</p> <p>5 Q. Assuming that these numbers are</p> <p>6 correct, would you have an understanding of why</p> <p>7 that occurred during that time period?</p> <p>8 A. Other than prescribing habits, no.</p> <p>9 Q. I think you described earlier in</p> <p>10 your testimony today something called</p> <p>11 divergent; do you remember being asked about?</p> <p>12 A. Diversion, yes.</p> <p>13 Q. Yes. What do you understand</p> <p>14 diversion to be?</p> <p>15 A. Diversion, in the pharmaceutical</p> <p>16 world, to me is when you have a prescription</p> <p>17 that is written, and it's taken by somebody</p> <p>18 else, other than for who it is intended.</p> <p>19 Q. Have you been able to find any</p> <p>20 statistics that helped quantify how much</p> <p>21 diversion has occurred in Summit County?</p> <p>22 A. No.</p> <p>23 Q. Are you aware of any attempts to</p> <p>24 measure that?</p> <p>25 A. No.</p>

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1 Q. Have you ever asked anybody for
2 statistics on diversion?
3 A. No.
4 Q. I think you described earlier use
5 of illegal opioids, such as heroin. Are there
6 statistics available in Summit County for
7 heroin use?
8 A. There are estimates of use.
9 Q. And who provides those estimates?
10 A. Ohio Department of Health.
11 Q. I'm sorry?
12 A. Ohio Department of Health and/or
13 the ADM board.
14 Q. So that is not done by your
15 department?
16 A. No.
17 Q. Do you have access to those
18 statistics?
19 A. Yes. Aggregate, yes.
20 Q. Do you have an understanding, as we
21 sit here today, whether heroin use has been
22 increasing, decreasing, or remains the same in
23 Summit County over the past five years?
24 A. It has been increasing.
25 Q. Has it increased over the past ten

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1 years?
2 A. I am not sure.
3 Q. How about the use of illegal
4 fentanyl, is that something that is tracked in
5 any type of statistics that you are aware of?
6 A. No. Only in the work of the
7 coroner, where she does the tox reports, and I
8 think there is probably some police data
9 somewhere that talks about the availability of
10 fentanyl, but I don't know about the --
11 Q. You're not familiar with that?
12 A. No, I'm not familiar.
13 Q. We talked about fentanyl, we talked
14 about heroin. Are there any other illegal
15 opioids that you are aware of for which there
16 is any effort going on to try to track
17 statistically usage in Summit County?
18 A. When you say "opioids," you mean
19 all of the opioids?
20 Q. Yes.
21 A. No.
22 Q. Have you ever asked anybody to try
23 to track that information?
24 A. No.
25 Q. Are you familiar with counterfeit

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1 opioids, have you ever heard of those?
2 A. No.
3 Q. I think you described an incident
4 earlier.
5 A. Okay. That's what I thought you
6 were referring to. Yes. I didn't know that's
7 what they were called.
8 Q. Can we agree that that would be an
9 instance of a --
10 A. Yes.
11 Q. -- counterfeit opioid, where
12 someone thinks they are buying illegally one
13 opioid, it turns out they are buying a
14 different opioid?
15 A. Yes.
16 MS. KEARSE: Objection.
17 Q. Do you know whether there are any
18 statistics available to measure how prevalent
19 that is in Summit County, that is counterfeit
20 opioids?
21 A. No, I do not know.
22 Q. Do you know whether that has
23 increased, decreased, or remained the same over
24 time?
25 A. I do not know.

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1 Q. Do you know whether deaths from
2 prescription opioids have gone up, gone down,
3 or remained the same over time?
4 A. I'm sorry? Could you ask that
5 again, please?
6 Q. Yes. Could you tell me whether
7 deaths attributable to prescription opioids
8 have gone up, gone down, or remained the same
9 in Summit County over time?
10 A. I cannot, just to one cause, one
11 opioid, no.
12 Q. How about generally to the category
13 of prescription opioids?
14 A. Opioids in general, the overdoses
15 and deaths have gone up. Whether or not it's a
16 prescription, what prescription it was, I don't
17 know.
18 Q. And you can't distinguish between
19 prescription and nonprescription, that is
20 illegal --
21 A. Well, the coroner can, but we don't
22 have access to that.
23 Q. Are you aware of any statistics
24 that are available, as we are sitting here
25 today, that measure whether or not prescription

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1 opioid deaths have gone up, gone down, or
 2 remained the same in Summit County?
 3 A. My understanding is they have gone
 4 up.
 5 Q. So what statistics are you aware of
 6 that mention that?
 7 A. From any of the sources, like CDC
 8 or the Ohio Department of Health, that says
 9 opioid-related deaths are up and overdoses.
 10 Q. Are those specifically prescription
 11 opioids or just opioids?
 12 A. I do not know that.
 13 Q. Okay. So let me go back to the
 14 question I asked earlier.
 15 A. I'm sorry. Yes.
 16 Q. And I apologize if I'm being
 17 confusing here. I'm trying to be clear.
 18 Are you aware of any statistics
 19 that measure whether deaths attributable to
 20 prescription opioids have gone up, gone down,
 21 or remained the same in Summit County?
 22 MS. KEARSE: Objection.
 23 A. No.
 24 Q. Do you know of anyone who has
 25 attempted to measure that statistically?

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1 A. No.
 2 Q. You talked earlier about pill
 3 mills. Do you have any understanding, as we
 4 sit here, about how significant pill mills were
 5 contributing to the opioid problem?
 6 MS. KEARSE: Objection.
 7 A. No, I do not.
 8 Q. Is there any measurement that you
 9 are aware of, any statistics that help us
 10 define how many opioids came from these pill
 11 mills?
 12 A. No, I do not.
 13 Q. Do you know who distributed opioids
 14 to the pill mills?
 15 A. No, I do not.
 16 Q. Do you know whether pill mills were
 17 distributed opioids from Rite Aid of Maryland?
 18 MS. KEARSE: Objection.
 19 A. I don't know that.
 20 Q. How about CVS?
 21 A. I don't know that.
 22 Q. Walgreens?
 23 A. I don't know that.
 24 Q. Walmart?
 25 A. I don't know that.

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1 Q. Would it surprise you to learn that
 2 Rite Aid of Maryland only distributes
 3 medications to Rite Aid pharmacies?
 4 MS. KEARSE: Objection.
 5 A. No. That makes sense to me.
 6 Q. Would you agree with me that if
 7 that's true, that means Rite Aid is not
 8 responsible for opioids that came from pill
 9 mills?
 10 MS. KEARSE: Objection.
 11 A. I'm sorry. Again?
 12 Q. Would you agree with me, I told you
 13 it was true that Rite Aid of Maryland only
 14 distributes to Rite Aid pharmacies, that that
 15 means that Rite Aid of Maryland is not
 16 responsible for opioids that came from pill
 17 mills?
 18 MS. KEARSE: Objection.
 19 A. I can't say that.
 20 Q. Are you familiar with hydrocodone
 21 products?
 22 A. Like Vicodin?
 23 Q. That could be one, yes. Have you
 24 ever heard of hydrocodone --
 25 A. Yes.

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1 Q. -- combination products?
 2 What are they, as you understand
 3 them?
 4 A. Synthetic opiates, opioids.
 5 Q. Synthetic opioids?
 6 A. Manufactured.
 7 Q. Are you aware of products where
 8 hydrocodone is combined with another
 9 nonnarcotic ingredient, such as a cough
 10 suppressant or an analgesic, have you ever
 11 heard of such a product?
 12 A. Like Tylenol?
 13 Q. Right.
 14 A. Yes.
 15 Q. Do you know whether those type of
 16 products have ever been abused in Summit
 17 County?
 18 A. Not to my knowledge. I don't know.
 19 Q. Do you know of any attempt to
 20 measure whether hydrocodone-combination
 21 products have been part of the opioid crisis,
 22 as you have described it?
 23 A. Not that I know of.
 24 Q. Have you ever heard that
 25 anecdotally?

<p style="text-align: right;">Page 282</p> <p>1 A. No.</p> <p>2 Q. Are you aware of any measures taken</p> <p>3 by pharmacies to try to help decrease opioid</p> <p>4 diversion and abuse?</p> <p>5 A. Well, I think they participate in</p> <p>6 OARRS.</p> <p>7 Q. I'm sorry?</p> <p>8 A. They participate in the OARRS</p> <p>9 program.</p> <p>10 Q. Yes.</p> <p>11 A. They have handed out the Deterra</p> <p>12 bags for us.</p> <p>13 Q. Can you describe what those are?</p> <p>14 A. It's a charcoal-containing, you add</p> <p>15 water and throw your pills in there, then when</p> <p>16 you seal it and squish it up, it dissolves the</p> <p>17 pills so they are inactive.</p> <p>18 Q. And why is that helpful?</p> <p>19 A. Because what it does is, when they</p> <p>20 dispense a prescription, then they can also</p> <p>21 give folks who aren't going to end up using the</p> <p>22 whole amount of it, to get rid of what is left</p> <p>23 over.</p> <p>24 Q. So it helps reduce the amount of --</p> <p>25 A. That's available for diversion,</p>	<p style="text-align: right;">Page 284</p> <p>1 minute, please? Can we go off record for one</p> <p>2 minute.</p> <p>3 THE VIDEOGRAPHER: Off the record</p> <p>4 at 3:51.</p> <p>5 (Pause.)</p> <p>6 THE VIDEOGRAPHER: On the record,</p> <p>7 4:05.</p> <p>8 Q. Commissioner, thank you. I have</p> <p>9 just one final, short area I wanted to cover</p> <p>10 with you, and then I'm going to pass the baton</p> <p>11 to counsel for AmerisourceBergen.</p> <p>12 Did you receive a litigation hold</p> <p>13 notice in this case?</p> <p>14 A. No.</p> <p>15 Q. Do you know what one of those is?</p> <p>16 A. No.</p> <p>17 Q. You described earlier that you went</p> <p>18 through a process of collecting records and</p> <p>19 then turning them over to the attorneys; do you</p> <p>20 remember that?</p> <p>21 A. Correct.</p> <p>22 Q. Were you ever asked to preserve</p> <p>23 documents and not discard them, not throw them</p> <p>24 away?</p> <p>25 A. You mean -- no. We wouldn't</p>
<p style="text-align: right;">Page 283</p> <p>1 yes.</p> <p>2 Q. Okay. How about in distributing</p> <p>3 Narcan or naloxone?</p> <p>4 A. Yes, they have done that as well.</p> <p>5 Q. What can you tell us about the</p> <p>6 pharmacies involved in that program?</p> <p>7 A. From what I know is they</p> <p>8 will -- some, I believe, even have given it</p> <p>9 away to -- that may have been free or low cost,</p> <p>10 but they have given away naloxone kits as a</p> <p>11 community service to help put Narcan in the</p> <p>12 community for overdose prevention.</p> <p>13 Q. And how is that helpful?</p> <p>14 A. It's helpful because we are in the</p> <p>15 prevention business, and if we can prevent a</p> <p>16 death, what it helps us do is give that person,</p> <p>17 once they are overdosed, once they are then</p> <p>18 revived with Narcan, it gives us or whomever an</p> <p>19 opportunity to seek treatment or help them get</p> <p>20 into treatment, if we can. They get a second</p> <p>21 chance of being able to be successful at</p> <p>22 fighting addiction.</p> <p>23 Q. So that's a good thing?</p> <p>24 A. That's a very good thing.</p> <p>25 MR. LAVELLE: Can I have one</p>	<p style="text-align: right;">Page 285</p> <p>1 anyway. We always have the documents. We</p> <p>2 would never throw anything away.</p> <p>3 Q. I understand that. I'm just asking</p> <p>4 you whether you received a notice telling you</p> <p>5 to hold onto documents and not dispose of them?</p> <p>6 A. Not to my knowledge.</p> <p>7 MR. LAVELLE: Very good. Thank you</p> <p>8 very much, Commissioner. I'm going to pass the</p> <p>9 baton.</p> <p>10 THE WITNESS: Thank you.</p> <p>11 MR. LAVELLE: I appreciate it.</p> <p>12 EXAMINATION OF DONNA SKODA</p> <p>13 BY MR. SALIMBENE:</p> <p>14 Q. Ms. Skoda, my name is Michael</p> <p>15 Salimbene. I represent AmerisourceBergen,</p> <p>16 another defendant in this lawsuit.</p> <p>17 Do you know who or what</p> <p>18 AmerisourceBergen is?</p> <p>19 A. No.</p> <p>20 Q. Have you ever heard that name</p> <p>21 before today?</p> <p>22 A. Yes.</p> <p>23 Q. In what context?</p> <p>24 A. Just as a name. I don't know</p> <p>25 anything about them though.</p>

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1 Q. Okay. Did you speak at a press
2 conference announcing this lawsuit to the
3 residents of Summit County?
4 A. Yes, I believe so.
5 Q. What did you say, if you recall?
6 A. I don't remember.
7 Q. Who -- did somebody ask you to
8 speak --
9 A. Yes. It was --
10 Q. -- at the press conference?
11 Who asked you to speak?
12 A. Ilene Shapiro.
13 Q. Who is Ilene Shapiro?
14 A. The county executive.
15 Q. Did you ask her, or did she tell
16 you why she wanted you to speak?
17 A. I can't remember. They just wanted
18 general health information as to why they were
19 doing this.
20 Q. Did you prepare any written
21 document to assist with your statement?
22 A. Not that I can remember.
23 Q. Do you remember roughly when, what
24 month and year, you made the statement?
25 A. It had to be probably sometime in

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1 the late 2017, 6, 17 maybe.
2 Q. Is it fair to say the purpose of
3 you giving a statement was to address, in part,
4 why the county was filing a lawsuit?
5 A. No. It wasn't necessarily the
6 county, but why public health was joining.
7 Q. And if you don't recall what you
8 said then, what is the reason for public health
9 joining?
10 A. We felt, our board of health felt,
11 we have a board, they felt strongly that we
12 needed to show support, and they were hopeful
13 that there would be some injunctive relief to
14 stop some of the behaviors that were creating
15 some of these situations.
16 Q. What behaviors in particular?
17 A. Like overprescribing, the ability
18 of -- not the ability of, but the number of
19 pills that were available in the community, the
20 ability for us to be trying to combat this
21 without really knowing what the problem was.
22 Q. So one of the purposes was to curb
23 overprescribing, you testified?
24 A. Yes.
25 Q. Are you aware that there aren't any

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1 prescribers named in this lawsuit?
2 A. Yes.
3 Q. How is it possible to curb
4 overprescribing, using this lawsuit as a tool,
5 if prescribers are not involved in the case?
6 A. I think it wasn't necessarily
7 against physicians. It was all the behaviors
8 that created this environment that allowed
9 everybody to think that opioids were safe.
10 Q. Okay. But physicians actually do
11 the prescribing, true?
12 A. That is true.
13 Q. And physicians are the individuals
14 who operate so-called pill mills, which have
15 been discussed today, true?
16 MS. KEARSE: Objection.
17 A. True, to my knowledge. I don't
18 know much about pill mills because -- not tons,
19 but...
20 Q. Does your department of public
21 health have a mission statement or a set of
22 goals, anything like that, a credo, if you
23 will?
24 A. Yes.
25 Q. What is that?

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1 A. To protect and ensure the safety
2 and health of citizens of Summit County, just
3 kind of summarized.
4 Q. Is that available on your website,
5 do you know?
6 A. Yes.
7 Q. Back to the decision to bring a
8 lawsuit, you said there is a board, board of --
9 A. Health.
10 Q. Board of health, okay. So how did
11 that, how did the process work? The internal
12 decision, I'm not talking about conversations
13 with counsel, was there a vote, for example?
14 A. No, we never actually had a formal
15 resolution. The decision was meant that they
16 talked about it, we talked about it at open
17 board, they then agreed.
18 We talked about it -- first of all,
19 our structure is that personnel in finance
20 would have heard that conversation first.
21 Personnel in finance had discussed that
22 possibility of us joining the lawsuit with the
23 county and other people, and they then agreed
24 to move forward, brought it back to the full
25 board and said, we wanted to support the county

<p style="text-align: right;">Page 290</p> <p>1 in the efforts, plus, again, the concern was 2 they wanted to help mitigate the opioid crisis. 3 Q. Are you aware of any individual who 4 was against bringing a lawsuit? 5 A. On my board? 6 Q. Just within the county in general. 7 A. No. 8 Q. Did anybody on your board express 9 reservations in any way? 10 A. No. 11 Q. Do you know which drug distributors 12 your county sued in this case? 13 A. No. 14 Q. Do you know how many there are? 15 A. No. 16 Q. I talked about AmerisourceBergen. 17 Are you familiar with Cardinal? 18 A. Yes. 19 Q. Okay. And how so? 20 A. Cardinal actually has a series of 21 grants that they put out, and we wrote for one 22 of those grants and was successful. 23 Q. So Cardinal has provided funding to 24 your county? 25 MS. KEARSE: Objection.</p>	<p style="text-align: right;">Page 292</p> <p>1 McKesson, do you know anything about their 2 company policies with respect to the 3 distribution of pharmaceutical products? 4 A. No. 5 Q. How about with respect to the 6 distribution of opioids? 7 A. No. 8 Q. Do you have a general understanding 9 of the pharmaceutical supply chain? 10 And I'll just say, so from the time 11 somebody goes a doctor and is diagnosed with a 12 condition, how it works that they end up with a 13 medication to treat that condition? 14 MS. KEARSE: Objection. 15 A. Yes. 16 Q. Can you describe that for me? 17 A. Well, my understanding would be 18 that the drug is manufactured somewhere, it 19 would go to a supplier, and then it would go to 20 a drugstore or pharmacy, and then it would come 21 to the patient. 22 Q. Do you understand or have an 23 understanding what a distributor does within 24 the pharmaceutical supply chain? 25 A. Not probably clearly.</p>
<p style="text-align: right;">Page 291</p> <p>1 A. Just recently. 2 Q. And in what context was the funding 3 provided? 4 A. They had an open RFP process that 5 was put out, and there were three different 6 categories. We were in the one for community 7 outreach and education. So they provided 8 funding to us about -- I think it is close to 9 maybe \$80,000. 10 And they have also given us an 11 AmeriCorps volunteer that allows us to do some 12 recovery coach work, some education, some 13 outreach, trying to help reach more clients, 14 naloxone. 15 Q. Is that helpful to your efforts? 16 A. Yes. 17 Q. How about McKesson? 18 A. Do I know them? 19 Q. Yes. 20 A. Yes. 21 Q. What is context? 22 A. I think we do buy supplies from 23 McKesson. 24 Q. Do you know anything about the 25 distributors, AmerisourceBergen, Cardinal, and</p>	<p style="text-align: right;">Page 293</p> <p>1 Q. Do you know if distributors play 2 any part in the manufacture of prescription 3 drugs? 4 A. I am not sure. 5 Q. Do you know whether distributors 6 promote prescription products to prescribers? 7 A. I'm sorry. Could you say that 8 again? 9 Q. Sure. Do you know whether 10 distributors promote prescription products to 11 prescribers? 12 A. Not to my knowledge. I don't know. 13 Q. Okay. Do you have any knowledge 14 about -- excuse me. Strike that. 15 Do you have any personal knowledge 16 regarding any statements made by a distributor 17 or its representatives in promoting opioid 18 products to prescribers? 19 A. No. 20 Q. You mentioned earlier, I think, 21 pain is the fifth vital sign? 22 A. Correct. 23 Q. Do you have any knowledge of any 24 distributor defendant taking part in the origin 25 of creating, you know, pain as a fifth vital</p>

<p style="text-align: right;">Page 294</p> <p>1 sign, as you put it?</p> <p>2 A. No, I do not.</p> <p>3 Q. Do you know whether distributor</p> <p>4 defendants, and I'll just limit it to</p> <p>5 defendants named in this case, if that</p> <p>6 helpful -- is helpful, draft the warnings that</p> <p>7 accompany prescription medications?</p> <p>8 A. No, I don't know that.</p> <p>9 Q. Do you know whether distributor</p> <p>10 defendants interact in any way with patients in</p> <p>11 the course of their treatment with the</p> <p>12 physician?</p> <p>13 A. Not to my knowledge.</p> <p>14 Q. Do you know whether the distributor</p> <p>15 defendants in this case fill prescriptions</p> <p>16 written by physicians?</p> <p>17 A. Not to my knowledge.</p> <p>18 Q. Okay. Do you know if distributors</p> <p>19 named in this suit counsel patients about</p> <p>20 proper medication use?</p> <p>21 A. Not to my knowledge.</p> <p>22 Q. Do you know whether distributors</p> <p>23 named in this suit are licensed to practice</p> <p>24 medicine in Ohio?</p> <p>25 A. I don't know. No, I don't know.</p>	<p style="text-align: right;">Page 296</p> <p>1 be.</p> <p>2 Q. Do you know if a distributor knows</p> <p>3 the identity of the prescriber who actually</p> <p>4 writes a prescription for a given patient?</p> <p>5 A. Not to my knowledge. I wouldn't</p> <p>6 think.</p> <p>7 Q. Are you familiar with HIPAA?</p> <p>8 A. Yes.</p> <p>9 Q. And just in general, fair to say</p> <p>10 that is a law that's designed to protect</p> <p>11 confidential health information?</p> <p>12 A. Yes.</p> <p>13 Q. Do you know if distributor</p> <p>14 defendants have any information about the</p> <p>15 reason a medication is prescribed for a</p> <p>16 particular patient?</p> <p>17 A. No.</p> <p>18 Q. How about what that patient's</p> <p>19 diagnosis is?</p> <p>20 A. No.</p> <p>21 Q. How about how a patient pays for</p> <p>22 their prescription, in other words, if it's</p> <p>23 covered by insurance or they go to a pharmacy</p> <p>24 and pay with cash?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 295</p> <p>1 Q. Sorry.</p> <p>2 A. I just don't know.</p> <p>3 Q. Do you know whether distributor</p> <p>4 defendants in this case have any role in</p> <p>5 creating drug formularies?</p> <p>6 A. Not to my knowledge.</p> <p>7 Q. Do you have any understanding of</p> <p>8 the way the DEA determines how many opioids are</p> <p>9 allowed to be manufactured in a given year, a</p> <p>10 quota process?</p> <p>11 A. No.</p> <p>12 Q. Do you have any understanding about</p> <p>13 whether distributor defendants in this case</p> <p>14 play any role in setting quotas for opioids?</p> <p>15 A. No, I don't know that.</p> <p>16 Q. I believe you testified in the</p> <p>17 previous line of questioning that you have had</p> <p>18 no interaction with distributor defendants; is</p> <p>19 that fair?</p> <p>20 A. Correct.</p> <p>21 Q. Fair to say then, you don't have</p> <p>22 any knowledge about a statement made to you by</p> <p>23 somebody who was a representative for a</p> <p>24 distributor defendant in this case?</p> <p>25 A. Yeah. I don't know who it would</p>	<p style="text-align: right;">Page 297</p> <p>1 Q. How about whether a patient has</p> <p>2 tried and failed more conservative pain</p> <p>3 medications before getting an opioid, is that</p> <p>4 something that a distributor defendant would</p> <p>5 know?</p> <p>6 A. Not to my -- I don't know. Not to</p> <p>7 my knowledge. I wouldn't think.</p> <p>8 Q. How about whether a patient has a</p> <p>9 history of addiction?</p> <p>10 A. Not to my knowledge, no.</p> <p>11 Q. How about whether the defendant --</p> <p>12 excuse me. Strike that.</p> <p>13 Do you know if distributors are</p> <p>14 regulated?</p> <p>15 A. No.</p> <p>16 Q. Do you have any understanding of</p> <p>17 State of Ohio regulations applicable to</p> <p>18 distributors in this case?</p> <p>19 A. No.</p> <p>20 Q. Board of pharmacy regulations, any</p> <p>21 knowledge about those, as they apply to</p> <p>22 distributors?</p> <p>23 A. No.</p> <p>24 Q. Do you have an understanding of</p> <p>25 what a distributor defendant's legal</p>

<p style="text-align: right;">Page 298</p> <p>1 responsibilities are with respect to controlled 2 substances? 3 A. No. 4 Q. Have you ever heard of -- strike 5 that. 6 Have you heard of the phrase, 7 "suspicious order"? 8 A. No. 9 Q. You said earlier you read, "A 10 tremendous amount," I think were your quotes? 11 A. Right. 12 Q. In that tremendous reading, as you 13 put it, have you ever come across the phrase, 14 "Suspicious order"? 15 A. No. 16 Q. Do you have any personal knowledge 17 about anything related to suspicious order 18 reporting by distributor defendants in this 19 case? 20 A. No. 21 Q. Do you have any basis to dispute 22 that every opioid medication shipped by a 23 distributor defendant in this case was approved 24 by FDA? 25 MS. KEARSE: Objection.</p>	<p style="text-align: right;">Page 300</p> <p>1 A. Correct. 2 Q. And if somebody with diabetes 3 didn't have access to prescription medication 4 that a doctor had prescribed them, that could 5 be a problem for that individual, true? 6 A. Yes. 7 Q. Do you know who distributes 8 medications into this county for people who 9 suffer from diabetes? 10 A. No. 11 Q. Do you know that it is the same 12 distributor defendants who have been sued in 13 this case? 14 MS. KEARSE: Objection. 15 A. No, but it makes sense. 16 Q. Do you agree that your citizens are 17 better off if they can fill prescriptions with 18 the medications prescribed by their doctors? 19 A. Generally, yes. 20 Q. As the -- is your title 21 commissioner or director? 22 A. It's health commissioner. 23 Q. Health commissioner. In Cuyahoga, 24 commissioner was underneath the director. 25 A. Correct. That's the only one in</p>
<p style="text-align: right;">Page 299</p> <p>1 A. I don't know that. I would have no 2 way to know that. 3 Q. Do you agree that access to 4 prescription medications is important for 5 Summit residents? 6 A. Yes. 7 Q. I'm going to ask this as well. Are 8 you aware of any link between a specific order 9 shipped by a distributor defendant into Summit 10 County and an individual who overdosed in this 11 county? 12 A. No. 13 Q. Do you agree that if Summit County 14 residents could not access prescription 15 medications, it would be -- represent a problem 16 for the general health for the residents of 17 this county? 18 MS. KEARSE: Objection. 19 A. Perhaps, yes. 20 Q. So you mentioned earlier, I think, 21 that you deal with people who have diabetes and 22 cardiovascular disease, true? 23 A. Yes. 24 Q. Those conditions are treated with 25 prescription medications, true?</p>	<p style="text-align: right;">Page 301</p> <p>1 the state. So don't worry. 2 Q. I like it better this way. 3 As commissioner of public health, 4 who do believe should make decisions about 5 which medications your citizens receive? 6 MS. KEARSE: Objection. 7 A. Who do I believe? 8 Q. Yes. 9 A. Personally? 10 Q. Yes. 11 A. It should be a partnership between 12 the patient and whoever their provider is. 13 Q. You mentioned needle exchanges 14 earlier, and I just want to follow up on that. 15 You said there is no patient 16 identifying information; is that true? 17 A. Correct. 18 Q. So it's reduced to an identifying 19 number? 20 A. Yes. 21 Q. Is there anything done within the 22 county to track overdose rates for individuals 23 who make use of your needle exchange program? 24 A. No. We couldn't. There would be 25 no way.</p>

<p style="text-align: right;">Page 302</p> <p>1 Q. So it's fair to say you don't know 2 whether individuals who pick up a syringe from 3 Summit County's needle exchange program have a 4 higher or lower overdose rate? 5 A. We don't know. They come back 6 every week, so I don't think they are 7 overdosing, if that makes sense, but really, 8 that's just anecdotal. 9 Q. Right. I'm going to show you 10 something. 11 MR. SALIMBENE: And I have one 12 single-sided copy for the witness, for the 13 exhibit, and then everybody else is going to 14 have to deal with double-sided. I'm sorry, but 15 I'm not that strong and I had a lot of paper. 16 MS. KEARSE: What number are we on? 17 MR. SALIMBENE: 12, I think. 18 I'm just going to mark this whole 19 thing as 12. 20 - - - - - 21 (Thereupon, Deposition Exhibit 12, 22 Email with Attachment, Beginning 23 with Bates Label Summit 176307, was 24 marked for purposes of 25 identification.)</p>	<p style="text-align: right;">Page 304</p> <p>1 MS. KEARSE: Can I ask a question? 2 I know you handed this to her, but I don't 3 see -- am I missing it? Is this an email to 4 her? 5 MR. SALIMBENE: Well, it came 6 through her custodial file. 7 MS. KEARSE: Okay. 8 MR. SALIMBENE: So it's from 9 Darlene Migas, and then it is on behalf of her 10 with no lines, so it is probably a BCC to a lot 11 of people, was my assumption, but I was going 12 to ask. 13 MS. KEARSE: I was going to say, if 14 could you get that on the record. 15 MR. SALIMBENE: I will. 16 Absolutely. 17 Q. Just looking at the first cover 18 email to the attachment, and it is Bates number 19 Summit 176307, and this is from Darlene Migas; 20 did I pronounce that correctly? 21 A. Uh-huh. 22 Q. Is this an email you would have 23 received? 24 A. Yes. Yeah. If it was in my files, 25 I received it.</p>
<p style="text-align: right;">Page 303</p> <p>1 - - - - - 2 Q. Are you familiar with Summit County 3 Opiate Task Force? 4 A. Yes. 5 Q. I think you testified a bit about 6 it earlier today -- 7 A. Yes. 8 Q. -- true? And that's one of the 9 perils of going last. I have to keep up with 10 the whole day. 11 MS. KEARSE: So does she. 12 MR. SALIMBENE: No kidding. 13 Q. When did you first learn about this 14 task force? 15 A. It would have been 2014, 2015. 16 Q. And it's true that your department 17 coordinates with this task force as part of 18 your efforts to address opioid addiction; is 19 that true? 20 A. Yes. 21 Q. And since when have you coordinated 22 or your department coordinated with Summit 23 County Opiate Task Force? 24 A. Since the inception. We were on 25 some of the planning committee meetings.</p>	<p style="text-align: right;">Page 305</p> <p>1 Q. So now if you look at the 2 attachments, Summit County Opiate Task Force 3 2017 Through 18 Strategic Plan? 4 A. Yes. 5 Q. Are you familiar with this 6 document? 7 A. Yes. 8 Q. Have you ever seen this document 9 prior to today? 10 A. Yes. 11 Q. On page 2, the Strategic Planning 12 Process? 13 A. Yes. 14 Q. The first sentence there says, 15 "Summit County Opiate Task Force has made great 16 strides in addressing the opiate crisis in the 17 last few years"; do you see where I read that? 18 A. Yes. 19 Q. Do you agree with that statement? 20 A. Yes. 21 Q. Can you name the great strides that 22 have been made in addressing the opiate crisis? 23 A. I think it's just they have just 24 made an attempt to organize the work into 25 categories, and they have been able to put in</p>

<p style="text-align: right;">Page 306</p> <p>1 place additional funding for recovery, for all 2 of the necessary tools that we need to try to 3 ensure that individuals can get treatment and 4 stay in recovery. 5 So they have been able to address 6 the problem, from a multifaceted approach, in 7 organizing all of these community partners to 8 help us. 9 Q. And that's a good thing for the 10 residents of Summit County, correct? 11 A. Yes. When they say "residents" 12 though, they are residents, but most of these 13 individuals are tied to an organization or 14 agency. 100 Summit County citizens are task 15 force members, but they are individuals that 16 work in the field -- 17 Q. Oh, sure. 18 A. -- most of them. 19 Q. I meant to say the task force's 20 great strides are a good thing for the citizens 21 of this county? 22 A. Yes. Oh, it's an excellent thing, 23 yes. 24 Q. So here on page two, it says, third 25 paragraph down, "The second phase of the</p>	<p style="text-align: right;">Page 308</p> <p>1 A. Yes. 2 Q. So then on page 3, it lists survey 3 results. It says, second paragraph down, "The 4 biggest area of concern from the survey was 5 lack of access to treatment services." 6 Do you agree with that, that -- not 7 that that was the biggest outcome from the 8 survey, but do you agree that the largest area 9 of concern is the lack of access to treatment 10 and services? 11 A. There weren't enough beds to meet 12 the need that was required for the addiction. 13 Q. Do you think that insurance 14 companies choosing not to reimburse for 15 addiction services contributed to the opioid 16 crisis that gave rise to the lawsuit here? 17 MS. KEARSE: Objection. 18 A. No. I have not ever heard that. 19 With Medicaid expansion in Ohio, we, in Summit 20 County, dropped to about 30,000 individuals 21 that were uninsured down from about 85,000. So 22 there was a great number of individuals who 23 picked up services -- or actually picked up 24 insurance to get services, and then if -- let's 25 say you don't have insurance and you need</p>
<p style="text-align: right;">Page 307</p> <p>1 planning process was to conduct an in-person 2 strategic meeting in February of 2017 with key 3 stakeholders to develop actionable items around 4 the priorities identified through this survey 5 process." Do you see where I read that? 6 A. Yes. 7 Q. And I should back up. This is a 8 survey mentioned in paragraph 2. It says, "As 9 part of the first phase of planning, various 10 task force documents, including meeting 11 minutes, data reports, and previous survey 12 results were reviewed to formulate a new survey 13 to assess priority issues regarding the opiate 14 crisis for 2017 through 18." Do you see where 15 I read that? 16 A. Yes. 17 Q. Did you ever review that survey? 18 A. I don't believe so. 19 Q. Okay. Do you know how folks were 20 selected to take part in the survey? It says, 21 "53 individuals provided their input." 22 A. I think it was just willing, those 23 that would do it. 24 Q. Were those who would do it task 25 force members?</p>	<p style="text-align: right;">Page 309</p> <p>1 treatment, the ADM board will reimburse that 2 facility. ADM, they pay for indigent care, 3 uninsured. 4 Q. So if the individuals who had 5 received -- not prescription, but received 6 insurance coverage, was that part of that due 7 to the Affordable Care Act? 8 A. Medicaid expansion -- 9 Q. Okay. Medicaid expansion. 10 A. -- and affordable care for some -- 11 THE NOTARY: Wait a minute. 12 MR. SALIMBENE: That one was my 13 fault. 14 Q. So actually, I'll just back up and 15 ask you a new question. 16 Do you know whether insurance 17 companies, some insurance companies who cover 18 residents in this county made the decision to 19 not to cover rehabilitation treatment for 20 people who were addicted to opioids? 21 MS. KEARSE: Objection. 22 A. Not to my knowledge. There is 23 mental health parity in Ohio, so they had -- 24 most insurance plans had to cover -- I mean, 25 they all covered mental health treatment.</p>

<p style="text-align: right;">Page 310</p> <p>1 Q. Okay. So the next paragraph down</p> <p>2 says, "The second most frequently mentioned</p> <p>3 area of concern was the need for prevention</p> <p>4 services to get in front of the problem." Do</p> <p>5 you see where I read that?</p> <p>6 A. Yes.</p> <p>7 Q. So, "Respondents mentioned the need</p> <p>8 for prevention of experimentation by young</p> <p>9 people, misuse of prescriptions, prevention use</p> <p>10 of illegal substances and preventing</p> <p>11 overprescribing." Do you see where I read</p> <p>12 that?</p> <p>13 A. Yes.</p> <p>14 Q. Now, misuse of prescriptions, that</p> <p>15 is something that takes place on the individual</p> <p>16 level, true, the individual who is actually</p> <p>17 misusing the prescription medication?</p> <p>18 A. It would be an individual doing it,</p> <p>19 yes.</p> <p>20 Q. Right. And overprescribing is</p> <p>21 something done by a physician or an individual</p> <p>22 who has prescribing power in the State of Ohio,</p> <p>23 true?</p> <p>24 A. Yes.</p> <p>25 Q. Do you agree there is nothing</p>	<p style="text-align: right;">Page 312</p> <p>1 Q. "Two other," the next paragraph</p> <p>2 down, sorry.</p> <p>3 "Two other areas that came out as</p> <p>4 tying for the third priority, were the number</p> <p>5 of overdoses and the number of people dying by</p> <p>6 overdose, and the need of various segments of</p> <p>7 the public for education. The topics for</p> <p>8 education needed were: Addiction as a complex,</p> <p>9 chronic brain disease; the role of law</p> <p>10 enforcement in behavioral health; the dangers</p> <p>11 of experimentation with opiates; how to access</p> <p>12 help; and that there are things working to make</p> <p>13 the problems better in the community." Did you</p> <p>14 see where I read that?</p> <p>15 A. Yes.</p> <p>16 Q. And there is nothing in these</p> <p>17 survey results that mention suspicious order</p> <p>18 reporting in any way; is that true?</p> <p>19 A. Correct.</p> <p>20 Q. And if you look at page five of</p> <p>21 this document, at the top there is a heading</p> <p>22 Strategic Goals, and then it says, "Following</p> <p>23 are the goals selected for action planning by</p> <p>24 the workgroups." Do you see where I read that?</p> <p>25 A. Uh-huh.</p>
<p style="text-align: right;">Page 311</p> <p>1 listed here about any of the conduct of a</p> <p>2 distributor defendant in this lawsuit?</p> <p>3 A. Yes, if I knew exactly what a</p> <p>4 distributor did. If you could explain that.</p> <p>5 Q. Well, I'm just saying there is</p> <p>6 nothing listed here --</p> <p>7 A. No.</p> <p>8 Q. -- to your knowledge that applies</p> <p>9 to a distributor of pharmaceutical drugs, true?</p> <p>10 A. Except maybe preventing the</p> <p>11 overprescribing if they are being shipped.</p> <p>12 Q. But they are not prescribing, true?</p> <p>13 A. Yes. True.</p> <p>14 MS. KEARSE: I think the witness</p> <p>15 asked for clarification for your term</p> <p>16 "distributor."</p> <p>17 A. Yes.</p> <p>18 MS. KEARSE: If you want to --</p> <p>19 Q. Well, it's a company that</p> <p>20 distributes pharmaceuticals that were sued in</p> <p>21 this case?</p> <p>22 A. Right. But you are distributing</p> <p>23 them to pharmacies and --</p> <p>24 Q. Correct.</p> <p>25 A. Okay.</p>	<p style="text-align: right;">Page 313</p> <p>1 Q. And it lists 11 items, and I'll</p> <p>2 give you a chance to look them over but -- and</p> <p>3 let me know when you have.</p> <p>4 A. Okay.</p> <p>5 Q. Do you see number 8 says, "Reduce</p> <p>6 access to heroin/other illegal opioids"?</p> <p>7 A. Yes.</p> <p>8 Q. Do you agree that this list under</p> <p>9 strategic goals doesn't say anything about</p> <p>10 legal prescription opioids?</p> <p>11 A. Yes.</p> <p>12 Q. Do you agree that this section does</p> <p>13 not say anything about distributors of</p> <p>14 prescription opioids?</p> <p>15 A. Yes.</p> <p>16 Q. Do you agree that this section</p> <p>17 doesn't say anything about suspicious order</p> <p>18 reporting?</p> <p>19 A. Yes.</p> <p>20 Q. And I'm finished with that</p> <p>21 document.</p> <p>22 - - - - -</p> <p>23 (Thereupon, Deposition Exhibit 13,</p> <p>24 Email with Attachment, Beginning</p> <p>25 with Bates Label Summit 131869, was</p>

<p style="text-align: right;">Page 314</p> <p>1 marked for purposes of 2 identification.) 3 - - - - - 4 Q. Marked here as Exhibit 13 is Summit 5 131869 and an attachment. It is from Gene 6 Nixon to you, dated October 2014, correct? 7 A. What date did you say? 8 Q. October 2014. 9 A. Oh, yeah, yes, yes. 10 Q. Maybe I didn't say that but -- 11 A. No, I thought you said April, and I 12 was like, is that April? 13 Q. Gene Nixon, remind me who that was, 14 the previous health commissioner? 15 A. Yes. 16 Q. And the attachment, which is the 17 next page there, By the Numbers, Scope of the 18 Problem. Do you see where it says that at the 19 top? 20 A. Yes. 21 Q. Do you know who drafted this 22 document? 23 A. It would have been Gene. 24 Q. Did you -- or let me just ask this. 25 Do you know why he sent it to you?</p>	<p style="text-align: right;">Page 316</p> <p>1 presentations on what you termed the opioid -- 2 excuse me, the opiate epidemic? 3 A. Yes. 4 Q. I'm going to mark this one as 5 Exhibit 14. 6 A. This one is not marked. Do you 7 want to mark it? 8 Q. Oh, it was supposed to be clipped 9 with the previous -- 10 A. Oh, I'm sorry. 11 Q. No, I'm sorry. 12 - - - - - 13 (Thereupon, Deposition Exhibit 14, 14 Email with Attachment, Beginning 15 with Bates Label Summit 135023, was 16 marked for purposes of 17 identification.) 18 - - - - - 19 Q. So what is marked as Exhibit 14 is 20 an email from Richard -- 21 A. Marountas. 22 Q. Marountas, thank you, to you, and 23 the subject is opiate epidemic, and that's 24 Summit 135023; do you see that? 25 A. Yes.</p>
<p style="text-align: right;">Page 315</p> <p>1 A. I used to proof his work. So we 2 shared documents back and forth to proof, so 3 I'm sure he sent it to me to read. He must 4 have been doing something with this. 5 Q. If you look four paragraphs down, 6 the last sentence -- the previous sentence 7 speaks to, "Prescription opiates, i.e. pain 8 medication," and then it says, "These addictive 9 pain medications are being diverted to street 10 economy in alarming proportions due to 11 overprescribing." Do you see where I read 12 that? 13 A. Yes. 14 Q. And did you -- do you recall ever 15 emailing or speaking with Gene Nixon and 16 disagreeing with that statement? 17 A. No, because I probably read this, 18 checked it for errors, spelling, and sent it 19 back to him. 20 Q. Do you agree that in this document 21 from the acting -- or the then health 22 commissioner, there is no mention of suspicious 23 order reporting in any way? 24 A. Yes. 25 Q. Is it true that you have given</p>	<p style="text-align: right;">Page 317</p> <p>1 Q. And then if you look at the 2 attachment, the opiate epidemic PowerPoint, I 3 believe? 4 A. Yes. 5 Q. And it says, "Presentation to the 6 Child Family Leadership Exchange," and that's 7 your name there, true? 8 A. Yes. 9 Q. Do you know if you drafted this 10 PowerPoint presentation? 11 A. No, I did not. 12 Q. Did you present the actual 13 presentation? 14 A. Yes. 15 Q. Would you have reviewed it to make 16 sure it was accurate? 17 A. Yes, usually. It depends on the 18 time, but usually I do. 19 Q. You wouldn't go and present to the 20 Child Family Leadership Exchange information 21 that you did not believe to be accurate, 22 correct? 23 A. Correct. 24 Q. If you look at -- let me ask this. 25 Do you recall, or was it your typical practice,</p>

<p style="text-align: right;">Page 318</p> <p>1 I should say, when you have a PowerPoint like</p> <p>2 this, are there speakers note? You know how</p> <p>3 sometimes in PowerPoint you have a little</p> <p>4 section -- you just wing it? Good for you.</p> <p>5 MS. KEARSE: Objection.</p> <p>6 Q. Actually, you know what, strike</p> <p>7 that. I didn't mean to be pejorative in that,</p> <p>8 with saying that.</p> <p>9 I just meant that you just will</p> <p>10 work with your slides --</p> <p>11 A. Correct.</p> <p>12 Q. -- and go from your mind. I did</p> <p>13 not mean to make that sound offensive.</p> <p>14 If you look at -- now, there are no</p> <p>15 slide numbers, and I don't know who we have to</p> <p>16 blame for that, but if you look at the section</p> <p>17 that begins Solutions to the Opiate Epidemic,</p> <p>18 and it is about, I would say, maybe halfway</p> <p>19 through the presentation -- towards the end of</p> <p>20 the presentation actually, closer to the end, I</p> <p>21 believe.</p> <p>22 A. I see.</p> <p>23 Q. About four pages from the end.</p> <p>24 And the first slide has to do with</p> <p>25 naloxone -- the first two slides have to do</p>	<p style="text-align: right;">Page 320</p> <p>1 A. Yes.</p> <p>2 Q. Do any of the solutions proposed in</p> <p>3 your PowerPoint here have anything to do with</p> <p>4 suspicious order reporting done by distributor</p> <p>5 defendants in this lawsuit?</p> <p>6 A. No. This was mostly geared for</p> <p>7 public health interventions, so we didn't get</p> <p>8 into any other solutions that might be</p> <p>9 possible.</p> <p>10 Q. Do you agree that the -- and you</p> <p>11 can put that aside, thank you -- the number of</p> <p>12 prescription opioids dispensed is lower today</p> <p>13 than it was in 2012?</p> <p>14 A. Yes.</p> <p>15 Q. Do you agree that today there are</p> <p>16 more overdose deaths in Ohio due to illegal</p> <p>17 opioids than prescription opioids?</p> <p>18 MS. KEARSE: Objection.</p> <p>19 A. I don't really know that.</p> <p>20 Q. Have you ever reviewed the Ohio</p> <p>21 drug overdose data statewide?</p> <p>22 A. Ohio Department of Health document?</p> <p>23 Q. I'll show it to you.</p> <p>24 A. Okay.</p> <p>25 Q. I don't mean to put you on the</p>
<p style="text-align: right;">Page 319</p> <p>1 with naloxone, true?</p> <p>2 A. Let me find them.</p> <p>3 Q. Sure. Yes. And it looks like</p> <p>4 this.</p> <p>5 A. Yeah. Project DAWN. Right. Okay.</p> <p>6 D-A-W-N.</p> <p>7 Q. Well, actually, prior to that</p> <p>8 slide, I think, there is one before it.</p> <p>9 A. Oh, yes.</p> <p>10 Q. Okay. And so the first of the</p> <p>11 slides for the solutions to the opioid epidemic</p> <p>12 concern naloxone, true, the first two slides?</p> <p>13 MS. KEARSE: There may be a slide</p> <p>14 before the first one.</p> <p>15 A. Yes.</p> <p>16 Q. And then there is a slide on</p> <p>17 Project DAWN, correct?</p> <p>18 A. Yes.</p> <p>19 Q. And then the last of that type --</p> <p>20 excuse me. There is another slide on the DUMP</p> <p>21 Program; do you see where I read that?</p> <p>22 A. DUMP, yes.</p> <p>23 Q. And then the last slide has to do</p> <p>24 with Other County Initiatives; do you see where</p> <p>25 I read that?</p>	<p style="text-align: right;">Page 321</p> <p>1 spot.</p> <p>2 - - - - -</p> <p>3 (Thereupon, Deposition Exhibit 15,</p> <p>4 2015 Ohio Drug Overdose Data:</p> <p>5 General Findings, was marked for</p> <p>6 purposes of identification.)</p> <p>7 - - - - -</p> <p>8 Q. So Exhibit 15 is titled 2015 Ohio</p> <p>9 Drug Overdose Data: General Findings from the</p> <p>10 Ohio Department of Health?</p> <p>11 A. Yes.</p> <p>12 Q. Have you ever seen this document</p> <p>13 before?</p> <p>14 A. I believe so.</p> <p>15 Q. Is it something you reviewed as</p> <p>16 part of your role as health commissioner in</p> <p>17 Summit County?</p> <p>18 A. Probably in 2015 -- it was labeled</p> <p>19 2015, I don't know when we received it though,</p> <p>20 so that's what I'm kind of struggling with, to</p> <p>21 know when we looked at it, but, yes, we</p> <p>22 probably -- I reviewed it.</p> <p>23 Q. Okay. Do you see, there is a</p> <p>24 chart, it's figure 4, it's on page 3, at the</p> <p>25 bottom?</p>

<p style="text-align: right;">Page 322</p> <p>1 A. Yes. Yes.</p> <p>2 Q. And there is a little blurb to the</p> <p>3 right that says, "The percentage of</p> <p>4 prescription opioid overdose deaths decreased</p> <p>5 in 2015 for the fourth straight year." Do you</p> <p>6 see where I read that?</p> <p>7 A. Oh, yes, I did, yes.</p> <p>8 Q. Okay. Now, if you look at that</p> <p>9 figure 4, the deaths from fentanyl and from</p> <p>10 heroin, which is a green bar for 2015, which is</p> <p>11 when this was reported, are those higher or</p> <p>12 lower than the percentage due to prescription</p> <p>13 opioids?</p> <p>14 A. Lower -- or higher. I'm sorry,</p> <p>15 higher.</p> <p>16 Q. It was your opinion at around this</p> <p>17 time that the decrease in prescription opioid</p> <p>18 usage, in terms of pills dispensed, was a good</p> <p>19 thing, correct?</p> <p>20 A. I'm sorry. Could you say that</p> <p>21 again.</p> <p>22 Q. Sure. That was terrible.</p> <p>23 Around this time in 2015, you</p> <p>24 believed that the decrease in the number of</p> <p>25 prescription opioids dispensed was a good</p>	<p style="text-align: right;">Page 324</p> <p>1 addicted and if you have been given a</p> <p>2 legitimate prescription for which you take, and</p> <p>3 then people doctor shop because they have to</p> <p>4 get more because of the addiction.</p> <p>5 So it's like they are addicted, and</p> <p>6 so they start to make bad decisions and go to</p> <p>7 multiple physicians or nurse practitioners or</p> <p>8 whomever, so that they can continue that habit,</p> <p>9 because they are addicted.</p> <p>10 And their own doctor may have said,</p> <p>11 no, this is all you can have, and then they go</p> <p>12 out and seek pills from other places, but it's</p> <p>13 in relationship to that addiction that they</p> <p>14 have.</p> <p>15 Q. You're speaking very generally.</p> <p>16 Are you basing what your answer was there on</p> <p>17 any specific facts that you are aware of?</p> <p>18 A. Again, it would be conversations</p> <p>19 with individuals and understanding drug-seeking</p> <p>20 behavior and having spent 30 years in the --</p> <p>21 basically in the streets with drug users and</p> <p>22 individuals who have abused medications.</p> <p>23 Q. And there are individuals who sell</p> <p>24 medications illegally to individuals, correct,</p> <p>25 including prescription-only opioids?</p>
<p style="text-align: right;">Page 323</p> <p>1 thing; is that fair to say?</p> <p>2 MS. KEARSE: Objection.</p> <p>3 A. Yes.</p> <p>4 Q. And if you look at the figure 9 on</p> <p>5 page 7, which says, number of, quote, doctor</p> <p>6 shoppers, Ohio, 2011 through 2015; do you see</p> <p>7 where I read that?</p> <p>8 A. Yes.</p> <p>9 Q. And then a little asterisk says, "A</p> <p>10 doctor shopper is defined as an individual</p> <p>11 receiving a prescription from five or more</p> <p>12 providers in one calendar month." Do you see</p> <p>13 where I read that?</p> <p>14 A. Yes.</p> <p>15 Q. And doctor shoppers, according to</p> <p>16 this chart, drop every year from 2011 to 2015,</p> <p>17 correct?</p> <p>18 A. Yes.</p> <p>19 Q. Do you agree that doctor shoppers</p> <p>20 bear some responsibility for the opioid crisis</p> <p>21 that gave rise to this lawsuit?</p> <p>22 MS. KEARSE: Objection.</p> <p>23 A. No.</p> <p>24 Q. And why not?</p> <p>25 A. Because I believe once you are</p>	<p style="text-align: right;">Page 325</p> <p>1 A. Yes. But it would be a rare bird,</p> <p>2 I have never seen one that wasn't a user as</p> <p>3 well.</p> <p>4 Q. Okay. But do you have any data</p> <p>5 that says what percentage of these doctor</p> <p>6 shoppers here are individuals who were using</p> <p>7 the pills versus individuals who took the pills</p> <p>8 and sold them on the streets?</p> <p>9 A. No, I have no idea.</p> <p>10 Q. Okay. If you look at page 8.</p> <p>11 A. Yes.</p> <p>12 Q. And it is table 1, Unintentional</p> <p>13 Drug Overdose Deaths of Ohio Residents</p> <p>14 Involving Specifics Drugs, as Mentioned on</p> <p>15 Death Certificate, By Year. Do you see where I</p> <p>16 am?</p> <p>17 A. Uh-huh.</p> <p>18 Q. If you look at some of these</p> <p>19 categories, let's start with, say,</p> <p>20 benzodiazepines, from 2003 to 2015, there is an</p> <p>21 increase from 38 deaths to 504, correct?</p> <p>22 A. Yes.</p> <p>23 Q. And if you look at cocaine, cocaine</p> <p>24 is up from 140 in 2003 to 685 in 2015, correct?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 326</p> <p>1 Q. And alcohol goes from 40 in 2003 up 2 to 380 in 2015 -- 3 A. Yes. 4 Q. -- correct? 5 Hallucinogens goes from 7 to 61 6 from 2003 to 2015, correct? 7 A. Yes. 8 Q. Are benzodiazepines, cocaine, 9 alcohol, hallucinogens, are any of those 10 opioids? 11 A. No. 12 Q. Have you ever undertaken an 13 analysis as to why there is an increase in, 14 say, alcohol-related deaths, going from 40 to 15 380, so just about a nine times increase over a 16 12-year period? 17 A. No. 18 Q. Would the same be true with respect 19 to cocaine? 20 A. Yes. 21 Q. And would the same be true with 22 respect to hallucinogens? 23 A. Yes. 24 Q. Would the same be true with respect 25 to benzodiazepines?</p>	<p style="text-align: right;">Page 328</p> <p>1 same data set? 2 A. It could be. Yes, I would think. 3 Q. If you look at the last sentence of 4 the first paragraph, it says, "The data also 5 shows some promising progress, the fewest 6 unintentional overdose deaths involving 7 prescription opioids since 2009, excluding 8 deaths involving fentanyl and related drugs." 9 Do you see where I read that? 10 A. Yes. 11 Q. Do you agree that that is promising 12 progress? 13 A. I really don't know. I would have 14 to think about it. I mean, yes, but I don't 15 know where that data comes from though, to be 16 honest. I just don't know. 17 Q. Okay. Well, if you look at figure 18 2, it is the Percentage of Unintentional Drug 19 Overdose Deaths Involving Select Drugs By Year, 20 and at the bottom, it says, Source: Ohio 21 Department of Health, Bureau of Vital 22 Statics -- 23 A. Okay. They're tracking, okay. 24 Q. Okay. Is that a reliable source? 25 A. Yes.</p>
<p style="text-align: right;">Page 327</p> <p>1 A. Yes. 2 Q. Did you discuss with anybody, aside 3 from counsel in this lawsuit, about bringing a 4 lawsuit related to manufacturers of alcohol 5 products, alcohol-containing products? 6 MS. KEARSE: Objection. 7 A. No. 8 Q. Do you agree that the distributor 9 defendants you sued in this case do not 10 distributor cocaine? 11 MS. KEARSE: Objection. 12 A. Yes. I would assume not. 13 - - - - - 14 (Thereupon, Deposition Exhibit 16, 15 2016 Ohio Drug Overdose Data: 16 General Findings, was marked for 17 purposes of identification.) 18 - - - - - 19 Q. So what the court reporter has 20 marked as Exhibit 16 is the 2016 Ohio Drug 21 Overdose Data: General Findings. Do you recall 22 reviewing this report prior to today? 23 A. No. 24 Q. Is this the same sort of report 25 that we just looked at, but just now for 2016,</p>	<p style="text-align: right;">Page 329</p> <p>1 Q. So do you believe that the fact 2 that the Ohio Department of Health, Bureau of 3 Vital Statistics is reporting that the 4 fewest -- reporting the fewest unintentional 5 overdose deaths involving prescription opioids 6 since 2009, do you view that as promising 7 progress? 8 A. It's a good thing, yes. 9 Q. And if you look at page 3, the last 10 paragraph of the page, where it says, "Opioid 11 prescribing in Ohio declined for a fourth 12 consecutive year in 2016, according to the 13 State of Ohio Board of Pharmacy, see figure 6. 14 Between 2012 and 2016, the total number of 15 opioids dispensed to Ohio patients decreased by 16 162 million doses, or 20.4 percent." Do you 17 see where I read that? 18 A. Were you on page 4? 19 Q. I'm on page 3. I'm sorry. Did I 20 say page 4? 21 MS. KEARSE: I don't know. I don't 22 think any of us knew where you were reading. 23 Q. It's the last paragraph on that 24 page. 25 A. Is that a per capita number, or</p>

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1 just a general, in total, number? Just
 2 general, okay.
 3 Q. I don't know. I'm not going to
 4 make any representations, other than what's
 5 written there.
 6 A. Yeah. It's a good thing.
 7 Q. Okay. Now, if you look at table 1
 8 on page 6, which is now the Number of
 9 Unintentional Drug Overdose Deaths Involving
 10 Specific Drugs As Mentioned on Death
 11 Certificate, by year, 2004 through 2016. So
 12 again we are looking at the same table for 2016
 13 that we just looked at for 2015, true?
 14 A. Yes.
 15 Q. Okay. Now, if you look at cocaine,
 16 in 2016, according to the Ohio Department of
 17 Health, Bureau of Vital Statistics, there are
 18 1,109 deaths due to cocaine in 2016 alone; do
 19 you see that?
 20 A. Yes.
 21 Q. Is it true that the deaths due to
 22 cocaine in 2016 are higher than the deaths due
 23 to prescription opioids for any year listed
 24 here in this chart for 2004 to 2016?
 25 A. Yes.

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1 Q. And it is also true as of 2016, the
 2 percentage of deaths attributable to cocaine
 3 are about double the percentage of deaths
 4 attributable to prescription opioids; is that
 5 correct?
 6 A. I'm sorry. Say that again.
 7 Q. Sure, sure. Let me just -- so you
 8 can see underneath cocaine, it lists
 9 prescription opioid deaths?
 10 A. Yes.
 11 Q. It says 564, correct?
 12 A. Yes.
 13 Q. Which is down from the previous
 14 year of 667, correct?
 15 A. Correct.
 16 Q. And cocaine in 2016 is 1,109,
 17 correct?
 18 A. Correct.
 19 Q. So you would agree with me that the
 20 deaths attributable to cocaine were roughly two
 21 times the deaths attributable to prescription
 22 opioids in 2016?
 23 MS. KEARSE: Objection.
 24 A. Yes.
 25 Q. And cocaine is not an opioid,

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1 correct?
 2 A. Correct. But it could have been
 3 mixed with an opioid, but I doubt in this
 4 chart, but they used all confirmed data so...
 5 Q. Right. And there are opioids
 6 listed on this chart, such as fentanyl and
 7 heroin, correct?
 8 A. Uh-huh.
 9 Q. So is there any basis for you to
 10 make the assumption that the cocaine deaths
 11 listed on this chart may involve another
 12 substance?
 13 A. No, because I think -- I'm sure the
 14 Ohio Department of Health used the vital
 15 statistics, they used the final death record,
 16 so hopefully it was defined across the state.
 17 Q. Okay. And three up from the bottom
 18 of this chart, there is a category for multiple
 19 drug involvement?
 20 A. Okay. That would be, yeah, that's
 21 probably what was more -- that's what I was
 22 looking for, because often they are mixed.
 23 Q. And you testified earlier that you
 24 have not conducted any investigation into why
 25 cocaine deaths are increasing at the rate they

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1 are; is that true?
 2 A. Yes.
 3 Q. And if you look at this chart here,
 4 alcohol, from 2015 to 2016, we see that metric
 5 going from 380 deaths to 539, correct?
 6 A. Yes.
 7 Q. And, again, you testified that you
 8 have not conducted any analysis into why
 9 alcohol deaths are increasing at the rate they
 10 are; is that fair?
 11 A. Yes.
 12 Q. Would the same be true with
 13 methamphetamines, and I'll just -- strike that.
 14 So methamphetamine is a
 15 psychostimulant, it's categorized as here?
 16 A. Right.
 17 Q. It goes from 96 to 233, correct?
 18 A. Correct.
 19 Q. The same is true as of 2016 --
 20 actually, strike that.
 21 As of -- even to present day, you
 22 have not conducted any analysis as to why
 23 psychostimulant death rate has increased year
 24 over year; is that fair?
 25 A. Yes.

<p style="text-align: right;">Page 334</p> <p>1 Q. Would you agree that based on this 2 chart, table 1, 2016 and the 2016 Ohio drug 3 overdose data, Summit has a growing nonopioid 4 problem? 5 MS. KEARSE: Objection. 6 A. Now, where? 7 Q. Sure. Well, let me just back up. 8 If you look at, again, 2015 to 2016 -- 9 A. Right. 10 Q. -- just focusing on that one year. 11 A. Right. 12 Q. Cocaine deaths go from 685 -- 13 A. Right. 14 Q. -- to 1109 -- 15 A. Right. 16 Q. -- true? 17 And benzodiazepines go from 504 to 18 553, true? 19 A. Yes. 20 Q. And alcohol goes from 380 to 539, 21 true? 22 A. Correct. 23 Q. Psychostimulants go from to 96 to 24 233, true? 25 A. True.</p>	<p style="text-align: right;">Page 336</p> <p>1 question. 2 A. Okay. 3 Q. I'm just now talking about the 4 absolute year-over-year total -- 5 A. Okay. 6 Q. -- for cocaine, benzodiazepines, 7 alcohol, psychostimulants and hallucinogens -- 8 A. Yes. 9 Q. -- has increased year or year over 10 from 15 to 2016, correct? 11 A. Yes. 12 Q. And the year-over-year total for 13 deaths attributable to prescription opioids has 14 decreased year over year from 2015 to 2016, 15 true? 16 A. Correct. The raw numbers have 17 decreased. 18 MS. KEARSE: Mike, I think meant 19 the growing -- you insinuated for Summit, 20 right? 21 MR. SALIMBENE: No, I don't think I 22 did. I think I said Ohio. 23 MS. KEARSE: The last question you 24 did, so I want to make sure the record is 25 correct.</p>
<p style="text-align: right;">Page 335</p> <p>1 Q. Hallucinogens go from 61 to 100, 2 correct? 3 A. Correct. 4 Q. So that's increases in all those 5 categories, correct? 6 A. Yes. Those are raw numbers. So I 7 don't know if the rates have changed actually. 8 Q. Okay. But the year -- 9 A. That's my concern, and probably the 10 bigger concern I have, and why I'm kind of 11 hesitating on this, when it says multiple drug 12 involvement, that's defined somewhere, because 13 what we are seeing now is any sort of an opioid 14 mixed with cocaine, an opioid mixed with 15 methamphetamine, carfentanil mixed with 16 cocaine. 17 So we see these mixtures, so I'm 18 not real sure that -- I get the whole multiple 19 drug involvement, but I'm not real sure, and I 20 want to be accurate. So I think these are raw 21 numbers, not rates. So I don't know if they 22 are really increasing. 23 Q. Okay. Well, let me -- 24 A. If you get what I'm saying. 25 Q. I do, and let me rephrase my</p>	<p style="text-align: right;">Page 337</p> <p>1 Q. And let me just ask, do you have 2 any basis to say that the trends noted for Ohio 3 at large would be any different within Summit 4 County? 5 A. The only statement I would make in 6 this response is if you look at Summit County 7 as a separate county from all issues, we 8 probably trend more like the federal-level data 9 than we do the local. 10 Q. Well, is it fair to say -- 11 A. Ohio. 12 Q. Is it fair to say you are not aware 13 of any data that suggests Summit County is 14 experiencing trends different from the State of 15 Ohio, with respect to the information in table 16 1? 17 A. Correct. 18 MS. KEARSE: Objection. 19 - - - - - 20 (Thereupon, Deposition Exhibit 17, 21 Email Chain, Bates Label Summit 22 271615, was marked for purposes of 23 identification.) 24 - - - - - 25 Q. So marked as Exhibit 17 is an email</p>

<p style="text-align: right;">Page 338</p> <p>1 from Donna Skoda to Mmcneely@BathTownship.org;</p> <p>2 do you see that?</p> <p>3 A. Yes.</p> <p>4 Q. The first email, I should say. The</p> <p>5 chain originates with an email from Michael</p> <p>6 McNeely to you?</p> <p>7 A. Right. He was the police chief.</p> <p>8 Q. And he was asking you -- and this</p> <p>9 email, I should say, is dated April 6, 2011,</p> <p>10 correct?</p> <p>11 A. Yes.</p> <p>12 Q. And he's asking you, "Hi Donna, do</p> <p>13 you have any statistics on the improper use of</p> <p>14 prescription medications in Summit County? I</p> <p>15 am especially interested in numbers on the teen</p> <p>16 population."</p> <p>17 And then the last paragraph says,</p> <p>18 "I have a media interview on this topic</p> <p>19 tomorrow afternoon"; do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. And you forwarded the email to</p> <p>22 Richard Marountas, correct?</p> <p>23 A. Yes.</p> <p>24 Q. And Richard replied to you,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 340</p> <p>1 it wasn't anything I was responsible for.</p> <p>2 Q. I just want to ask you a few more</p> <p>3 questions about the OARRS database.</p> <p>4 Do you know what the purpose of the</p> <p>5 OARRS database is?</p> <p>6 A. Yes.</p> <p>7 Q. And what is it?</p> <p>8 A. It was created as a tracking</p> <p>9 mechanism for individuals that are prescribed</p> <p>10 opiates, and then in order to help pharmacists</p> <p>11 and physicians know if there are any behaviors</p> <p>12 going on that are like doctor shopping.</p> <p>13 - - - - -</p> <p>14 (Thereupon, Deposition Exhibit 18,</p> <p>15 Printout from the OARRS Website, was</p> <p>16 marked for purposes of</p> <p>17 identification.)</p> <p>18 - - - - -</p> <p>19 Q. So I just marked as Exhibit 18 the</p> <p>20 printout of the web page, if you go to the main</p> <p>21 OARRS website here, and this statement here,</p> <p>22 "About." And then it says, "What is OARRS?"</p> <p>23 A. Right.</p> <p>24 Q. If you look at the last sentence on</p> <p>25 the first page, it says, "Drug wholesalers are</p>
<p style="text-align: right;">Page 339</p> <p>1 A. Correct.</p> <p>2 Q. And then you replied to</p> <p>3 Mr. McNeely, at the top of the chain, correct?</p> <p>4 A. Correct.</p> <p>5 Q. And as part of your email, you</p> <p>6 wrote, the fourth sentence, "We do know that</p> <p>7 unused prescriptions are a source of drugs for</p> <p>8 teens and others. Also, accidental overdose is</p> <p>9 on rise from abusing prescription drugs,"</p> <p>10 correct?</p> <p>11 A. Correct.</p> <p>12 Q. So unused prescriptions as a source</p> <p>13 of drugs, that would be diversion, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And you say you knew, or I should</p> <p>16 say, it says, "We do know," it says, and one of</p> <p>17 the things here is, "Accidental overdose is on</p> <p>18 the rise from abusing prescription drugs,"</p> <p>19 correct?</p> <p>20 A. Correct.</p> <p>21 Q. Is it fair to say that as of April</p> <p>22 2011, you were aware that there was an issue</p> <p>23 with accidental overdoses rising, secondary to</p> <p>24 abusing prescription drugs?</p> <p>25 A. Yes. I probably knew about it, but</p>	<p style="text-align: right;">Page 341</p> <p>1 also required to submit information monthly on</p> <p>2 all controlled substances and gabapentin sold</p> <p>3 to an Ohio licensed pharmacy or prescriber."</p> <p>4 Do you see where I read that?</p> <p>5 A. Yes.</p> <p>6 Q. Were you aware of that requirement</p> <p>7 prior to today?</p> <p>8 A. I knew there were general rules,</p> <p>9 but I didn't know specifics.</p> <p>10 Q. Do you have any basis to dispute</p> <p>11 that the distributors named as defendants in</p> <p>12 this case complied with the requirement</p> <p>13 articulated here?</p> <p>14 MS. KEARSE: Objection.</p> <p>15 A. I have no idea if they complied.</p> <p>16 Q. Do you agree that the majority of</p> <p>17 people who take prescription opioids do not</p> <p>18 become addicted?</p> <p>19 MS. KEARSE: Objection.</p> <p>20 A. No.</p> <p>21 Q. So it's your testimony that the</p> <p>22 majority, that would be over 50 percent of</p> <p>23 people who receive a legitimate prescription</p> <p>24 for an opioid become addicted to opioid</p> <p>25 medications?</p>

<p style="text-align: right;">Page 342</p> <p>1 A. I wouldn't know the exact 2 percentage, but I can tell you that it's high, 3 extremely high. 4 Q. Do you have any basis to support 5 the statement that greater than 50 percent of 6 people who receive a prescription opioid, a 7 valid prescription from a doctor, end up as 8 addicts? 9 MS. KEARSE: Objection. 10 A. What is a "valid prescription"? 11 Q. Well, a prescription from a doctor. 12 So let's just back up. 13 An individual who goes to a doctor 14 and has knee pain, say, and the doctor gives 15 him or her a prescription for oxycodone. So 16 you get a prescription from a legitimate 17 DEA-licensed doctor, that of those people, the 18 majority of them become opioid addicts? 19 A. I don't know the percentage, but I 20 would say the risk is great. 21 Q. Do you know what percentage of 22 individuals who receive a prescription for 23 opioids end up dying from an overdose? 24 A. No. 25 Q. Have you ever undertaken that</p>	<p style="text-align: right;">Page 344</p> <p>1 Q. Does your department of public 2 health make any effort to ensure that opioids 3 are available to Summit County residents who 4 receive a valid prescription for them? 5 A. No. 6 Q. Do you agree with the statement 7 that an individual has responsibility for their 8 health? 9 A. Yes. 10 Q. Do you agree that 11 individuals -- let me back up. 12 Do you agree that there is an 13 element of personal responsibility in addiction 14 when you look at the first time an individual 15 chooses to take a prescription opioid without a 16 prescription? 17 MS. KEARSE: Objection. 18 Q. So before they become addicted, and 19 they make the decision to go out on the street 20 and buy OxyContin without a valid prescription? 21 MS. KEARSE: Objection. 22 A. That's not been my experience with 23 what happens. So I don't know of anybody who 24 starts out and just goes out and buys an 25 OxyContin on the street.</p>
<p style="text-align: right;">Page 343</p> <p>1 analysis? 2 A. No. 3 Q. Do you agree that the majority of 4 opioid users never try heroin? 5 A. I don't know that. 6 Q. Do you agree that the majority of 7 opioid users never try fentanyl? 8 A. I don't know that either. 9 Q. Do you agree that the majority of 10 opioid users never try carfentanil? 11 A. I don't know. 12 Q. Does Summit County have in place 13 any program to make sure that patients who are 14 in pain can access prescription opioids if 15 those opioids are lawfully prescribed to them? 16 MS. KEARSE: Objection. 17 A. Does Summit County have any 18 programs? 19 Q. Yes. 20 A. You mean Summit County Public 21 Health or the government? 22 Q. Just in general, in the county, any 23 program in the county? 24 A. Oh, I think that the hospital 25 systems do.</p>	<p style="text-align: right;">Page 345</p> <p>1 If they were given a prescription 2 from a prescriber and they start taking it, it 3 has been my knowledge that within a short 4 while, they continue to like that feeling, that 5 euphoric feeling, and they continue, and then 6 they -- once that happens, it doesn't take a 7 great deal of time to become addicted. 8 Q. So let's focus on the -- 9 MS. KEARSE: I think you just cut 10 her off. 11 Q. Did I? 12 MS. KEARSE: Were you finished? 13 Q. I thought you were done. I'm 14 sorry. 15 A. No -- yeah, that's good. I'm done. 16 Q. Okay. I thought you were. I'm 17 sorry. 18 So let's look at the teenagers and 19 the young people who divert pills from, say, a 20 relative's medicine cabinet. 21 A. Yes. 22 Q. Is it your testimony that the 23 majority of those children who use opioids 24 first had a prescription for opioids? 25 A. No, but that's a very different</p>

<p style="text-align: right;">Page 346</p> <p>1 group of individuals with experimentation. And 2 what we know now about brain chemistry is that 3 children, youngsters to about -- boys to about 4 23 or 24, and females, 22, 23, brain growth and 5 development isn't complete, their ability to 6 make good decisions isn't complete, and quite 7 frankly, risky behaviors in youth 8 experimentation is a part of growing up. 9 We don't encourage it, and 10 certainly you hope the resiliency factors are 11 there to teach children to make better 12 decisions, but I don't think that -- that's a 13 very different scenario with kids experimenting 14 than it is with adults. 15 Q. You testified earlier that data you 16 have seen suggests that four and five heroin 17 users first received a prescription for 18 opioids? 19 A. Four out of five. 20 Q. Four out of five, right. 21 So what about the one in five who 22 did not, is there any personal responsibility 23 for that individual who sought out heroin and 24 used heroin? 25 MS. KEARSE: Objection.</p>	<p style="text-align: right;">Page 348</p> <p>1 Q. So I'm saying, let's focus on the 2 one in five who did not. 3 A. Right. 4 Q. Is there any personal 5 responsibility for that individual from making 6 the decision to use heroin that very first time 7 before they were addicted to heroin? 8 MS. KEARSE: Objection. 9 A. And I guess what I'm not saying 10 well is, they wouldn't be getting heroin if 11 they weren't addicted. Heroin is just, for 12 some, a natural progression. 13 So they are getting into -- they 14 couldn't get this drug, they may have used 15 heroin, but once you are addicted, individuals 16 will do unbelievable things to maintain that 17 addiction, including using heroin. It's a 18 brain disease. No one chooses to be addicted. 19 Q. Is it your testimony that 20 individuals within Summit County who engaged in 21 prescription opioid diversion bear no personal 22 responsibility for their decision to divert 23 opioids? 24 A. Are you talking about the sale of 25 opioids?</p>
<p style="text-align: right;">Page 347</p> <p>1 A. I'm not sure what you are asking 2 me. Was there personal responsibility for 3 becoming addicted? It is a brain disease. 4 It's like blaming a diabetic for becoming a 5 diabetic. It's not because they ate cookies 6 and candy. It could be because of weight gain, 7 but it is very different. You can't blame 8 somebody for developing a disease. 9 Q. I'm talking about before the first 10 time any substance has been used. There is a 11 first time an individual uses heroin, correct? 12 A. Only after a long history. 13 Individuals who use heroin don't go to the 14 street and buy heroin today and decide to use 15 it. It isn't like that at all. Maybe I'm 16 missing what you're asking me. 17 Q. No, no. I'm just trying to make a 18 very basic statement that for every heroin 19 user, there is a first time they inject heroin, 20 correct? 21 A. Correct. 22 Q. Okay. And you said that four out 23 of those five of those individuals have first 24 used a prescription opioid, correct? 25 A. Yes.</p>	<p style="text-align: right;">Page 349</p> <p>1 Q. I'm talking about the individuals 2 who, without a prescription, use opioids in an 3 unlawful manner, be it prescription opioids, 4 for which they had no prescription, heroin, 5 fentanyl or carfentanil. 6 A. Right. 7 Q. Is it your testimony the that those 8 individuals have no personal responsibility for 9 that decision? 10 MS. KEARSE: Objection. 11 A. No, I'm not saying that. 12 Q. So is it fair to say they do bear 13 some personal responsibility for those 14 decisions? 15 A. No. 16 Q. So I'm confused now. 17 A. Yeah, because I see it very much in 18 a disease model, and I don't think they would 19 be engaging in those behaviors if they weren't 20 addicted. 21 Now, whether they got addicted via 22 something else and started down that road, or 23 whatever the progression has been, individuals 24 who are addicted with a substance-use disorder 25 use multiple substances, and they end up at a</p>

<p style="text-align: right;">Page 350</p> <p>1 point where taking that oxycodone out of the 2 medicine cabinet or stealing that drug is no 3 different. 4 Some of them, if you look at some 5 of the literature, they take it because of pain 6 and get addicted accidentally. They may have a 7 legitimate pain and get addicted, they take it 8 for the high maybe, but the bottom line is, 9 that addiction is somewhere in that tale of woe 10 for that individual. 11 Q. Is there any level of personal 12 responsibility for an individual who chooses to 13 use heroin? 14 MS. KEARSE: Objection. 15 A. Only in the act could be -- yes, 16 there is personal responsibility for everything 17 you do. 18 But I think you need to understand 19 that there is a brain disease here. They 20 can't, in some ways, understand what they are 21 doing. The brain is powerful. 22 MR. SALIMBENE: I'm going to move 23 to strike anything towards the end of that, 24 which frankly -- starting with, "But I think 25 you need" --</p>	<p style="text-align: right;">Page 352</p> <p>1 Facts and Figures, Continued. 2 A. Yes. 3 Q. And if you look at the fourth 4 bullet down, it says, "Four in five new heroin 5 users started out misusing prescription 6 painkillers." Do you see where I read that? 7 A. Yes. 8 Q. And the source is an article by an 9 author named Jones, Heroin Use and Heroin Use 10 Risk Behaviors Among Nonmedical Users of 11 Prescription Opioid Pain Relievers. 12 A. Correct. 13 Q. Is it correct that you are not able 14 to say today what percentage of those four 15 heroin users started out having received a 16 prescription for opioids? 17 In other words, you are not able to 18 say what percentage purchased opioids 19 illegally, compared to the percentage who first 20 received a legal prescription for opioids? 21 MS. KEARSE: Objection. 22 A. Correct. 23 Q. Is it your testimony that heroin 24 users in Summit County bear no personal 25 responsibility for their decision to use</p>
<p style="text-align: right;">Page 351</p> <p>1 MS. KEARSE: You want to cut off 2 where you just want her to stop, but she 3 answered your question, so... 4 MR. SALIMBENE: Okay. Well, you 5 can make whatever -- I'm just going to move to 6 strike that answer as it begins with, "But I 7 think." 8 MS. KEARSE: And I'll say she was 9 explaining her answer. She was answering your 10 question, and you are trying to strike the part 11 you didn't like. 12 MR. SALIMBENE: Okay. Can we hop 13 off the record just pop out for a minute. 14 THE VIDEOGRAPHER: Off the record, 15 5:15. 16 (Recess taken.) 17 THE VIDEOGRAPHER: On the record, 18 5:23. 19 Q. Commissioner Skoda, can you pull up 20 Exhibit 14, quickly. It is the PowerPoint 21 presentation that you presented. It's clipped 22 to the back of an email. 23 A. Thank you. 24 Q. And if you flip one of the slides 25 in the middle of the presentation, it's titled</p>	<p style="text-align: right;">Page 353</p> <p>1 heroin? 2 MS. KEARSE: Objection. 3 A. Yes. 4 MR. SALIMBENE: Does anybody else? 5 I'm getting some blank stares. Nobody looks 6 very enthused. 7 A. Sorry. 8 Q. That's a good thing for you. 9 MR. SALIMBENE: We're good? Okay. 10 We're finished. We will pass the witness. 11 MS. KEARSE: Okay. 12 EXAMINATION OF DONNA SKODA 13 BY MS. FITZPATRICK: 14 Q. Ms. Skoda, I'm Fidelma Fitzpatrick. 15 We've met a couple of times, and I just want to 16 ask you a few questions at the end of the 17 deposition and, hopefully, this won't take too 18 long to run through. 19 A. Okay. 20 Q. You are the Summit County 21 Commissioner of Public Health, correct? 22 A. Correct. 23 Q. And how long have you been in that 24 position? 25 A. Three years.</p>

<p style="text-align: right;">Page 354</p> <p>1 Q. Can you tell us what public health 2 is?</p> <p>3 A. It is a complex system of public 4 health entities, local boards of health, that 5 work in collaboration with any number of 6 partners in the community to deliver services 7 that reduce risk and harm and prevention in the 8 communities.</p> <p>9 Q. And is part of your job as the 10 commissioner of public health to determine 11 whether a particular health situation or a 12 particular situation within Summit County is a 13 public health issue or a public health crisis?</p> <p>14 A. Yes, at times it is, it's 15 appropriate, but it's usually, for us to 16 determine a public health nuisance or a public 17 health crisis, it's done in partnership with 18 many of our partner entities, because these 19 issues that are public health concerns are 20 complex in nature.</p> <p>21 And so we usually begin with a very 22 thorough review of data and information and try 23 to identify who is at most risk within the 24 population. It is not geared at individuals. 25 It's geared at preventing harm and any</p>	<p style="text-align: right;">Page 356</p> <p>1 climate change. We become concerned when see 2 things that are changing in the community that 3 can have adverse effects on the population.</p> <p>4 Q. And earlier today, you were asked 5 about patient-specific records a couple times; 6 do you remember that?</p> <p>7 A. Yes.</p> <p>8 Q. And when determining whether 9 something is a public health issue for Summit 10 County, do you ever rely on patient-specific 11 records or patient-specific information?</p> <p>12 A. No, we do not.</p> <p>13 Q. And why not?</p> <p>14 A. Because that's not public health. 15 We are into prevention for populations. We 16 don't identify individuals or what their 17 behaviors are.</p> <p>18 We, unfortunately, with limited 19 resources, deal with what we see in the 20 community, as best we can, to try to mitigate 21 damages that harm the people, and try to make 22 sure that people can be successful and live and 23 be healthy.</p> <p>24 Q. Do you rely on aggregated data when 25 making a determination whether something is a</p>
<p style="text-align: right;">Page 355</p> <p>1 condition in the entire community.</p> <p>2 Q. Is a public health issue different 3 than an individual health issue?</p> <p>4 A. Yes.</p> <p>5 Q. Can you explain that to me?</p> <p>6 A. An individual seeks medical care -- 7 or has care one on one. Public health doesn't 8 look -- that's why the data sources that we 9 collect, much of what we get are deidentified, 10 it's aggregate data, because our concern is 11 what is this problem or potential problem 12 creating in the community.</p> <p>13 We aren't looking at it from an 14 individual basis, but rather how do we address 15 the needs of all and reduce harm and risk.</p> <p>16 Q. And what makes something a public 17 health issue or a public health crisis?</p> <p>18 A. Something where, for public health 19 particularly in this network, is we become very 20 concerned when we see rising death rates, when 21 we understand that the situation is now 22 different from the perspective in the 23 community, whether a use perspective or that 24 things are now changing.</p> <p>25 Another example of that might be</p>	<p style="text-align: right;">Page 357</p> <p>1 public health issue in Summit?</p> <p>2 A. Yes.</p> <p>3 Q. And you testified earlier today in 4 response to some of the defendants' 5 questioning, that there is an oversupply of 6 opiates into the Summit County community; do 7 you remember that?</p> <p>8 A. Yes.</p> <p>9 Q. And as the commissioner of public 10 health, and with the experience that you bring 11 to that position, do you believe that the 12 oversupply of prescription opioids in Summit 13 County has created a public health crisis?</p> <p>14 A. Yes.</p> <p>15 MR. NAEEM: Object to form and 16 foundation.</p> <p>17 Q. And why is that?</p> <p>18 MR. NAEEM: I objected to form and 19 foundation.</p> <p>20 Q. Why do you believe that the 21 oversupply of prescription opioids into Summit 22 County has created a public health crisis?</p> <p>23 MR. NAEEM: Same objections.</p> <p>24 A. Because any time there are 25 behaviors -- or there is such a trust with the</p>

<p style="text-align: right;">Page 358</p> <p>1 medical community and with the organizations. 2 So any time there is a potential 3 breach of that trust to the public -- people go 4 to their doctor and believe that what they are 5 doing is right, and when an individual 6 physician prescribes a medication to a person, 7 they trust at all levels that that is what 8 should be happening to them. 9 And I refuse to believe, in my 10 heart of hearts, that physicians don't think 11 they are doing right. They are doing what they 12 have been told to do. They were told to 13 evaluate pain as a fifth sign, a vital sign. 14 Their professional organizations 15 were are telling them, it's okay, go ahead and 16 prescribe, and then all of a sudden we have 17 this whole new group of individuals that are 18 using opioids incorrectly and/or become 19 addicted to them, and it has created havoc, and 20 that is a kind word, for the communities. 21 Q. Is the opioid public health crisis 22 of Summit limited to any particular 23 socioeconomic group? 24 A. No. 25 Q. Is it limited to any particular</p>	<p style="text-align: right;">Page 360</p> <p>1 chance. So do we don't let them die. They are 2 addicted. 3 Q. And I think you testified earlier 4 that, despite the best efforts, there are 5 individuals who do die -- 6 A. Yes. 7 Q. -- of prescription opioid overdoses 8 in Summit County, correct? 9 A. Yes. 10 Q. And are those overdoses and deaths 11 limited to any particular socioeconomic group? 12 A. No. 13 Q. Or limited to any particular 14 gender? 15 A. No. 16 MR. NAEEM: Object to form and 17 foundation. 18 Q. Any particular age? 19 A. No. 20 Q. Or any particular ethnicity? 21 A. No. 22 Q. And, in fact, this is an issue that 23 I think you testified that you have been deeply 24 involved in as commissioner of public health 25 for Summit County, correct?</p>
<p style="text-align: right;">Page 359</p> <p>1 gender? 2 A. No. 3 Q. Is it limited to any particular age 4 group? 5 A. No. 6 Q. Is it limited to any particular 7 ethnicity? 8 A. No. 9 Q. Why isn't this just an individual 10 issue for individuals who are dependent on 11 opioids? 12 A. Because it's impacting community 13 resources, it's creating death and disability 14 for which public health does everything in our 15 power to prevent death and disability with 16 policies, changes, whatever it might take, but 17 it is creating the environment for which there 18 are so many downhill issues between children 19 services, the school systems, the safety 20 forces, EMS, it has cost communities millions 21 to respond. 22 And I know there is this attitude 23 that why would you spend money, why would you 24 not just let them die. It's because every 25 single human on this earth deserves a second</p>	<p style="text-align: right;">Page 361</p> <p>1 A. Yes. 2 Q. And is this part of your job, to 3 study and understand the opioid crisis as it 4 exists in Summit County? 5 A. Yes. 6 Q. And to help develop programs and 7 solutions to prevent overdose and death and 8 dependency with opioid users? 9 A. Yes, with staff assistance. I 10 don't do it all. I mean, the staff really are 11 the individuals that work. It's direction, 12 though, to them. 13 Q. And you had testified earlier that 14 there are also problems in the community with 15 heroin, fentanyl, and carfentanil, correct? 16 A. Yes. 17 Q. And in your experience as the 18 commissioner of public health and the work that 19 you have done on these issues, do you believe 20 that the heroin, fentanyl, and carfentanil 21 problems are related to the prescription opioid 22 public health crisis? 23 MR. NAEEM: Object to foundation. 24 A. It would be my understanding that 25 illicit drugs became more available as pill</p>

<p style="text-align: right;">Page 362</p> <p>1 mills dried up and as prescriptions decreased, 2 so most of the cartels, most of the illicit 3 drug solicitors are business people, and they 4 knew when we created a shortage here and we had 5 all these addicted people that they were going 6 to do all kinds of crazy things to stay 7 addicted, because it is a brain disease. 8 And you don't just wake up one day 9 and say, oh, today I'm going to be a bad 10 parent, and today I'm not going to take care of 11 my kids. Today I'm going to stop using heroin. 12 It doesn't work like that. You are addicted. 13 It's a brain disease. 14 And what happens then is, we have 15 seen this over and over and over again, that 16 when the supply dries up and when it decreases, 17 the illicit drugs increase. And now we are 18 seeing dealers who don't make their product as 19 potent, because we are prosecuting them now, 20 and they don't want to go to jail. So we are 21 now seeing polydrug use, mixing other drugs, 22 cocaine, methamphetamine. 23 Yes, they are individuals that 24 engage in awful behavior, but the group of 25 people that are giving them the business are</p>	<p style="text-align: right;">Page 364</p> <p>1 sure how many individuals are functional 2 addicts out there. And that, down the road, is 3 going to create a whole other set of needs, 4 because individuals can maintain an addiction 5 for a long time, many do for years, and then 6 slowly it will start to unravel. 7 And they will be engaging in other 8 behaviors, and their lives will sometimes tank, 9 and often some get treatment at that point, 10 other don't. But this is different in that it 11 began because people were going to providers, 12 getting pills, and being told take this for 13 your headaches, and it will be okay, when, in 14 fact, they ended up addicted. 15 Q. And does the fact that people can 16 be addicted to substances other than 17 prescription opioids mean that prescription 18 opioids are not a public health issue in Summit 19 County? 20 A. No. 21 Q. Why not? 22 A. All of those other drugs we know 23 are illegal. They are illicit, they are 24 illegal, you shouldn't be fooling around with 25 them. Opioids were a totally different -- they</p>
<p style="text-align: right;">Page 363</p> <p>1 there because of an -- often a very legitimate 2 injury or prescription -- a prescription that 3 took them down a road where they became 4 addicted. 5 Q. And speaking of other drugs, you 6 were asked some questions about drug abuse 7 generally in the community; do you recall that 8 earlier today? 9 A. Yes. 10 Q. And you were asked some questions 11 about other illegal drugs, including cocaine 12 and methamphetamine, correct? 13 A. Correct. 14 Q. And I jotted down here that there 15 is some question about a long history of 16 substance abuse in this country, going back to 17 the 1800s; do you recall that? 18 A. Oh, yes. 19 Q. Why are prescription opioids alone 20 public health crisis in Summit County, if there 21 are other drug issues that exist in the 22 community as well? 23 A. First, I think it has been very 24 difficult for us to get our hands around the 25 scope of the problem, because we aren't really</p>	<p style="text-align: right;">Page 365</p> <p>1 have a role in society. 2 I have never taken an opiate, but I 3 can tell you, if I need one and I'm really 4 hurt, I hope I get it. I mean, if you really 5 need pain relief and pain medication, opiates 6 should be available. It was just taken to a 7 whole new level. 8 Q. And is that what you meant by the 9 oversupply -- 10 A. Yes, because physicians thought it 11 was okay to hand them out to people. 12 Q. And you were asked a series of 13 questions on a decline in the amount of 14 prescription opioids that are dispensed into 15 Summit County; do you recall that? 16 A. Yes. 17 Q. Does the fact that there has been a 18 decline in the amount of prescription opioids 19 dispensed into Summit County mean that 20 prescription opioids are not a public health 21 crisis in Summit County today? 22 A. No. 23 Q. And why not? 24 A. Because I have no idea how many 25 individuals are maintaining an addiction right</p>

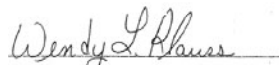
<p style="text-align: right;">Page 366</p> <p>1 now with still going to a doctor, still getting</p> <p>2 overprescribed opiates, still getting them</p> <p>3 and/or sharing them with each other, whatever</p> <p>4 the case may be. We have no idea, down the</p> <p>5 road, how far this goes.</p> <p>6 Q. And you had testified that one of</p> <p>7 the jobs of public health is to engage in</p> <p>8 prevention, correct?</p> <p>9 A. Correct.</p> <p>10 Q. Is there any way for public health</p> <p>11 to identify any particular population or</p> <p>12 particular subpopulation that is likely to turn</p> <p>13 up as opioid overdoses or opioid deaths or</p> <p>14 opioid addictions?</p> <p>15 MR. NAEEM: Object to form and</p> <p>16 foundation.</p> <p>17 A. No. Not unless I had access to</p> <p>18 data that told me who -- you know, the</p> <p>19 communities they lived in or wherever.</p> <p>20 That's why we take -- all of our</p> <p>21 programs, we try to be as mobile and as spread</p> <p>22 out in the community as we possibly can. I</p> <p>23 mean, we have done education programs with food</p> <p>24 services workers, we've gone to business</p> <p>25 leaders. It's all over. We don't</p>	<p style="text-align: right;">Page 368</p> <p>1 A. No.</p> <p>2 MR. LAVELLE: Objection to form and</p> <p>3 foundation.</p> <p>4 Q. Is it something that is only caused</p> <p>5 by bad choices made by addicts.</p> <p>6 MR. LAVELLE: Object to the form of</p> <p>7 the question.</p> <p>8 A. No.</p> <p>9 Q. Has the county -- has your</p> <p>10 department undertaken any programs to address</p> <p>11 the opioid crisis within the county?</p> <p>12 A. Yes. Prevention.</p> <p>13 Q. And what programs are run through</p> <p>14 the Summit County Public Health Department?</p> <p>15 A. We do alcohol and other drug</p> <p>16 counseling, but again that came over from the</p> <p>17 Akron Health Department. We also do needle</p> <p>18 exchange programs, Summit Safe, we have Project</p> <p>19 DAWN, we distribute naloxone, we also train</p> <p>20 police officers in supplying naloxone, so they</p> <p>21 can use it if they are first on the scene for</p> <p>22 an unconscious human.</p> <p>23 We do quick response teams, where</p> <p>24 we supply a counselor to go out and visit the</p> <p>25 homes of those individuals that have overdosed.</p>
<p style="text-align: right;">Page 367</p> <p>1 differentiate where we have to go for this,</p> <p>2 because we don't know.</p> <p>3 Q. And do you believe that</p> <p>4 prescription opioids continue to create a</p> <p>5 public health crisis in Summit County today?</p> <p>6 A. Yes.</p> <p>7 Q. And that public health crisis that</p> <p>8 we are talking about, is that something caused</p> <p>9 only by the diversions or illegal sales of</p> <p>10 prescription pills?</p> <p>11 A. No.</p> <p>12 MR. LAVELLE: Object to the form.</p> <p>13 Go ahead.</p> <p>14 Q. Is that prescription opioid public</p> <p>15 health crisis, is that something that is an</p> <p>16 issue only related to criminal conduct?</p> <p>17 A. No.</p> <p>18 Q. Is the prescription opioid public</p> <p>19 health crisis in Summit County an issue that's</p> <p>20 only related to so-called pill mills?</p> <p>21 MR. LAVELLE: Object to the form of</p> <p>22 the question.</p> <p>23 Q. Is the prescription opioid public</p> <p>24 health crisis in Summit County caused only by</p> <p>25 bad doctors?</p>	<p style="text-align: right;">Page 369</p> <p>1 We do fentanyl test strips. I said MAT,</p> <p>2 medication-assisted treatment. Those are the</p> <p>3 programs that we have developed.</p> <p>4 Q. And have those programs, in your</p> <p>5 opinion, been effective in mitigating some of</p> <p>6 the prescription opioid public health crisis</p> <p>7 that exists in your community?</p> <p>8 A. I am hopeful that that's part of</p> <p>9 it.</p> <p>10 Q. And those programs are paid for by,</p> <p>11 I think you testified, a combination of</p> <p>12 taxpayer dollars and grants; is that correct?</p> <p>13 A. Correct.</p> <p>14 Q. Okay. Do you believe that the</p> <p>15 programs that you have identified alone are</p> <p>16 enough to address the prescription opioid</p> <p>17 public health crisis in Summit County?</p> <p>18 A. No.</p> <p>19 Q. Why not?</p> <p>20 A. Because the need. We need to</p> <p>21 really have additional -- because addiction is</p> <p>22 a brain disease, and you don't ever live</p> <p>23 without it.</p> <p>24 I had a mother tell me once that</p> <p>25 when your kid's in recovery and your kid's</p>

<p style="text-align: right;">Page 370</p> <p>1 sober, that the addiction is out in the parking 2 lot doing pushups, so it can go back even 3 stronger. 4 So because we know it's a disease 5 that's hard to manage, like many chronic 6 diseases, we are going to need a lot of 7 medication-assisted therapy to help individuals 8 remain sober, we're going to need recovery 9 houses, we really need to have sober housing 10 for individuals, because, quite frankly, I have 11 talked to so many parents whose child was sober 12 for three years, four years, five years after 13 an opioid addiction, and then overdosed a died. 14 So prevention isn't just 15 getting -- starting way early and getting 16 resiliency factors and getting kids. It's 17 going to take years to continue this group of 18 caring for, or we're going to continue to have 19 relapse. 20 Q. If you could describe the opioid 21 epidemic in Summit County in one word, what 22 would it be? 23 A. Devastating. 24 MS FITZPATRICK. That's all. Thank 25 you very much.</p>	<p style="text-align: right;">Page 372</p> <p>1 crisis prior to 2015? 2 A. Well, I hesitate to say no, because 3 if there was a grant that was being written, I 4 may have helped with the grant. If there were 5 some projects, I may have helped with that. So 6 I might have helped on something or helped work 7 with it, but I wasn't directly focused on that. 8 Q. Okay. You were asked a series of 9 questions about how to assess public health and 10 needing to do it from, this is my word, a macro 11 perspective rather than looking at individual 12 health records? 13 A. Correct. 14 Q. Okay. So, in fact, you don't have 15 the ability to individually assess which of 16 those people who are addicted to illicit drugs 17 like heroin and fentanyl started with a 18 prescription opioid or not? 19 A. Correct. 20 Q. And you were asked questions about 21 the socioeconomic demographics of patients who 22 were addicted to opioids. Have you read 23 articles suggesting that the only reason people 24 care about the opioid crisis currently is 25 because it's now affecting primarily white and</p>
<p style="text-align: right;">Page 371</p> <p>1 THE WITNESS: Thank you. 2 EXAMINATION OF DONNA SKODA 3 BY MR. NAEEM: 4 Q. Ms. Skoda, you were asked -- you 5 were just asked a lot of questions about public 6 health, public health issues generally, and 7 specifically related to use of prescription 8 opioids. 9 To be clear, you have been health 10 commissioner since 2015, correct? 11 A. Correct. 12 Q. All right. And when you were asked 13 questions by the defense side of the table 14 about what happened prior to 2015, you 15 basically said you had no exposure to the 16 opioids as within the health department, or 17 Summit County Public Health, prior to becoming 18 health commissioner in 2015? 19 A. Well, I knew about them and 20 certainly probably work might have crossed, but 21 it wasn't my direct responsibility. I didn't 22 manage the programs. 23 Q. So you were a concerned citizen 24 certainly, but no responsibility for Summit 25 County Public Health's response to the opioid</p>	<p style="text-align: right;">Page 373</p> <p>1 middle or upper class communities? 2 A. Yes. 3 MS. FITZPATRICK: Objection. 4 Q. You've seen those, haven't you? 5 A. Yes. 6 Q. You have talking a lot about or -- 7 strike that. I don't want to ask it that way. 8 You were asked about fentanyl, 9 heroin, and carfentanil and its is increasing 10 prevalence in the community, and you testified 11 that drug cartels were moving in to replace the 12 prescription opioids, because those 13 prescription opioids were becoming harder to 14 get, I'm paraphrasing again, but do you 15 remember that testimony? 16 A. Yes. 17 MS. FITZPATRICK: Objection, it 18 misstates testimony. 19 Q. You certainly don't have any 20 understanding regarding what cartels do or 21 think, do you? 22 MS. FITZPATRICK: Objection. 23 A. I have not ever been in a cartel. 24 Q. Have you ever spoken to any of the 25 Mexican cartels about why they are producing</p>

<p style="text-align: right;">Page 374</p> <p>1 fentanyl or carfentanil?</p> <p>2 A. No.</p> <p>3 Q. So that was speculation on your</p> <p>4 part; would you agree?</p> <p>5 MS. FITZPATRICK: Objection.</p> <p>6 A. No. I believe it is in the</p> <p>7 literature.</p> <p>8 Q. Okay. So what literature --</p> <p>9 A. And according to the police,</p> <p>10 police, I would say all of the meetings we have</p> <p>11 had with Ohio State Patrol or any of those</p> <p>12 responsible for, I guess, catching them, has</p> <p>13 made it very clear that those drugs are coming</p> <p>14 from the Mexican cartel, China is shipping, any</p> <p>15 number.</p> <p>16 Q. Okay. And I understand and I don't</p> <p>17 dispute with you where that is coming from, but</p> <p>18 do you have personal knowledge regarding the</p> <p>19 intent of cartels when they are producing and</p> <p>20 shipping illegal substances like fentanyl and</p> <p>21 heroin?</p> <p>22 MS. FITZPATRICK: Objection.</p> <p>23 Misstated her testimony.</p> <p>24 A. No.</p> <p>25 Q. So again, that was speculation on</p>	<p style="text-align: right;">Page 376</p> <p>1 that? You were directed to it by</p> <p>2 Mr. Salimbene.</p> <p>3 A. Yes. The fourth bullet?</p> <p>4 Q. The fourth bullet point, "Four and</p> <p>5 five new heroin users," it starts, correct?</p> <p>6 A. Yes.</p> <p>7 Q. This, again, this is information</p> <p>8 from your presentation?</p> <p>9 A. Yes.</p> <p>10 Q. Is this the information you are</p> <p>11 citing the four out of five start with</p> <p>12 prescription opioids?</p> <p>13 A. Four and five, it was data put in</p> <p>14 here because of that. I knew that, yes.</p> <p>15 Q. Yeah, and I'm just asking --</p> <p>16 A. Yes.</p> <p>17 Q. -- there is a citation there, is</p> <p>18 that --</p> <p>19 A. Yes.</p> <p>20 Q. -- we talked about four and five a</p> <p>21 number of times today?</p> <p>22 A. Correct.</p> <p>23 Q. This is the citation for that,</p> <p>24 correct?</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 375</p> <p>1 your part regarding what cartels were doing?</p> <p>2 MS. FITZPATRICK: Objection. Asked</p> <p>3 and answered.</p> <p>4 A. I'm not speculating.</p> <p>5 Q. And again, when you were talking</p> <p>6 about fentanyl and carfentanil, you said that</p> <p>7 those patients often started with their</p> <p>8 addiction with a legitimate prescription.</p> <p>9 Again, you don't have any data to back that up,</p> <p>10 do you?</p> <p>11 A. I only have the Opiate Task Force</p> <p>12 has presented, that four out of five started</p> <p>13 with a prescription drug.</p> <p>14 Q. Can we -- do you have Exhibit 14 in</p> <p>15 front of you?</p> <p>16 A. Yes. Okay.</p> <p>17 Q. And to be clear, Exhibit 14, this</p> <p>18 is was a presentation you gave to the Child</p> <p>19 Family Leadership Exchange, correct?</p> <p>20 A. Correct.</p> <p>21 Q. That presentation was in September</p> <p>22 of 2016?</p> <p>23 A. Correct.</p> <p>24 Q. And the facts and figures page, and</p> <p>25 again, they are unnumbered, but do you have</p>	<p style="text-align: right;">Page 377</p> <p>1 Q. Now, the name of the article is</p> <p>2 Heroin Use and Heroin Use Risk Behaviors Among</p> <p>3 Nonmedical Users of Prescription Opioid Pain</p> <p>4 Relievers?</p> <p>5 A. Yes.</p> <p>6 Q. Do you know what nonmedical use</p> <p>7 means?</p> <p>8 MS. FITZPATRICK: Objection.</p> <p>9 A. Yeah.</p> <p>10 Q. What does it mean?</p> <p>11 A. That you take the pills to get</p> <p>12 high, I would assume.</p> <p>13 Q. Right. So it's not for medical</p> <p>14 use, so it is illegitimate, not legitimate use,</p> <p>15 correct?</p> <p>16 MS. FITZPATRICK: Objection.</p> <p>17 A. I can't take that from the title.</p> <p>18 Because, to be honest, when that, "Started out</p> <p>19 misusing prescription drugs," people can get</p> <p>20 and then start misusing because they were</p> <p>21 addicted.</p> <p>22 I believe in my heart that people</p> <p>23 don't ever try to get addicted, and so I think</p> <p>24 if they start misusing, it's because they are</p> <p>25 addicted.</p>

<p style="text-align: right;">Page 378</p> <p>1 Q. And that wasn't my question. I 2 appreciate your answer. But you cited this for 3 the proposition that four out of five heroin 4 users started with a legitimate prescription. 5 My point is simply, this article doesn't 6 support that, does it? 7 MS. FITZPATRICK: Objection. Hang 8 on. Can you show her the article? 9 MR. NAEEM: This is her citation. 10 I can ask her -- 11 MS. FITZPATRICK: Right, but you're 12 asking her based on the title of the article to 13 make an assumption. 14 MR. NAEEM: Fair. 15 MS. FITZPATRICK: And you should 16 put the article in front of her. 17 MR. NAEEM: Speaking objections are 18 not permitted. 19 MS. FITZPATRICK: Well, then I'll 20 go with asked and answered, because she gave a 21 full answer to this very question. 22 MR. NAEEM: And her answer prior to 23 my follow-up was that she couldn't say what 24 nonmedical use was. 25 MS. FITZPATRICK: No. She said she</p>	<p style="text-align: right;">Page 380</p> <p>1 A. Okay. So that's good, but what I 2 think -- I guess where we are just missing on 3 semantical terms, if you start taking that 4 correctly and get addicted, and some people get 5 addicted very quickly, depending on your brain 6 chemistry, how old you are, if you get 7 addicted -- or if you use other substances, but 8 if you get addicted, I think this is saying 9 that you get addicted and start misusing 10 prescription pills. 11 Now, I understand the title, but I 12 don't remember the article at all, but I 13 understand what you are trying to say to me, 14 but I don't know if I agree. 15 Q. Okay. Well, I'm asking for your 16 interpretation, right? 17 A. But my interpretation is that four 18 out of five new heroin users start out misusing 19 prescription pills after they became addicted. 20 Q. Okay. And so your citation for 21 that and your interpretation is based on that 22 citation, Jones CM, Heroin Use and Heroin Use 23 Risk Behaviors Among Nonmedical Users of 24 Prescription Opioid Relievers? 25 A. And to me, that nonmedical means</p>
<p style="text-align: right;">Page 379</p> <p>1 didn't agree with your interpretation. 2 Q. Let's follow up with some questions 3 here. 4 A. Okay. 5 Q. Can you cite any article, other 6 than what's in your presentation, for the 7 proposition that four out of five new heroin 8 users started out with a legitimate 9 prescription for opioids? 10 A. The Opiate Task Force sites that as 11 well. Now, whether or not they used this same 12 source, I don't know. 13 Q. But to be fair, this citation is in 14 your presentation from 2006, correct? 15 A. Correct. 16 Q. As we sit here today, can you tell 17 us whether that article supports your 18 proposition that four out of five heroin users 19 started with a legitimate prescription for 20 opioids? 21 A. I don't understand what you mean by 22 legitimate. Could you explain that? 23 Q. Sure. Legitimate means taken as 24 prescribed by a licensed physician and used 25 according to instructions.</p>	<p style="text-align: right;">Page 381</p> <p>1 it's beyond what you were originally given the 2 prescription for. 3 Q. All I want to do is, when I leave 4 here today -- 5 A. I'm lost. 6 Q. -- know what the citations are for 7 your proposition that four out of five heroin 8 users started out with a legitimate 9 prescription, because that was your testimony 10 earlier today. 11 A. So I would look at Jones, and I 12 would look at the Opiate Task Force stuff. 13 Q. And anything else, as you sit here 14 today, that you can cite for that very specific 15 testimony you gave earlier? 16 A. No. 17 Q. You were asked a series of 18 questions, towards the end of your direct, 19 about whether things like criminal activity was 20 the only cause of the crisis, or bad choices of 21 addicts were the only cause; do you remember 22 that? 23 A. Yes. 24 MS. FITZPATRICK: Objection. 25 Q. Certainly they are causes though of</p>

<p style="text-align: right;">Page 382</p> <p>1 the crisis?</p> <p>2 A. No.</p> <p>3 Q. So --</p> <p>4 A. Addiction is the cause.</p> <p>5 Q. So diversion is not a cause of the</p> <p>6 crisis?</p> <p>7 A. There was a lot of pills that were</p> <p>8 available, and you're calling it a criminal</p> <p>9 activity, and it is a criminal activity in law.</p> <p>10 I mean, people can be charged with taking</p> <p>11 somebody else's prescription, but people were</p> <p>12 addicted.</p> <p>13 Q. I understand that. I have a simple</p> <p>14 question though. Is diversion a cause of the</p> <p>15 current crisis?</p> <p>16 MS. FITZPATRICK: Objection. Asked</p> <p>17 and answered.</p> <p>18 A. So you are saying someone who has a</p> <p>19 prescription and gives it to somebody else?</p> <p>20 Q. Right.</p> <p>21 A. Is a cause of the problem?</p> <p>22 Q. Is it a cause of --</p> <p>23 A. It could be.</p> <p>24 Q. And the operation of pill mills, is</p> <p>25 it a cause of the current opioid crisis in</p>	<p style="text-align: right;">Page 384</p> <p>1 MS. FITZPATRICK: Objection.</p> <p>2 A. The manufacturers of those, you</p> <p>3 mean, the street dealers?</p> <p>4 Q. Sure. The people who manufacture</p> <p>5 fentanyl in China. They bear no --</p> <p>6 A. Yes, they are guilty of</p> <p>7 manufacturing it, but they would not have been</p> <p>8 able to sell their wares to anyone if these</p> <p>9 individuals weren't addicted.</p> <p>10 And many of them got addicted by</p> <p>11 other ways that weren't related to going out</p> <p>12 and finding street heroin. People just don't</p> <p>13 just start going out and getting street heroin.</p> <p>14 There is a long pathway.</p> <p>15 Q. And what is your citation for no</p> <p>16 one does that?</p> <p>17 A. It would be -- it's experience.</p> <p>18 It's personal times I have spent with -- they</p> <p>19 wouldn't even know.</p> <p>20 I spent a great deal of time with</p> <p>21 individuals who are drug users, homeless drug</p> <p>22 users. It's a -- and often they are</p> <p>23 individuals that people don't like, because the</p> <p>24 brain disease takes over, and they do all kinds</p> <p>25 of horrible things to support that habit. But</p>
<p style="text-align: right;">Page 383</p> <p>1 Summit County?</p> <p>2 MS. FITZPATRICK: Objection.</p> <p>3 A. I don't know that, because I don't</p> <p>4 know how many pill mills were here.</p> <p>5 Q. Criminal activity, is that a cause</p> <p>6 of the current opioid crisis?</p> <p>7 MS. FITZPATRICK: Objection.</p> <p>8 A. What do you mean by, "Criminal</p> <p>9 activity"?</p> <p>10 Q. Well, that was the question you</p> <p>11 were asked. I'm assuming it is the provision</p> <p>12 of heroin and fentanyl --</p> <p>13 A. Oh, oh, oh.</p> <p>14 Q. -- from outside sources into Summit</p> <p>15 County.</p> <p>16 A. No.</p> <p>17 Q. Not at all? So if there was no</p> <p>18 heroin and fentanyl in Summit County --</p> <p>19 A. I think it brought to light an</p> <p>20 underlying problem that was just brewing out</p> <p>21 there.</p> <p>22 Q. So to be clear, the manufacturers</p> <p>23 of illicit heroin and fentanyl bear no</p> <p>24 responsibility for the current crisis in Summit</p> <p>25 County?</p>	<p style="text-align: right;">Page 385</p> <p>1 really, underneath it all, they are really good</p> <p>2 people that just need support and help.</p> <p>3 So I don't really have a formal</p> <p>4 reference that no one, but in my wildest dream,</p> <p>5 I could not think of somebody going out for the</p> <p>6 first time ever using a drug and getting</p> <p>7 heroin. It just doesn't happen.</p> <p>8 Q. Okay. Well, so let's clarify then.</p> <p>9 Did all heroin users start by using</p> <p>10 prescription opioids?</p> <p>11 MS. FITZPATRICK: Objection.</p> <p>12 A. I don't know that.</p> <p>13 Q. Certainly we know that there were</p> <p>14 prior epidemics of opioid addiction, for</p> <p>15 example, after the Vietnam War?</p> <p>16 A. Yes.</p> <p>17 Q. They weren't using prescription</p> <p>18 opioids, were they?</p> <p>19 A. No.</p> <p>20 Q. There were opioid addiction crisis</p> <p>21 in the early 1900s?</p> <p>22 A. Yes.</p> <p>23 Q. There weren't any prescription</p> <p>24 opioids back then, was there?</p> <p>25 MS. FITZPATRICK: Objection.</p>

<p style="text-align: right;">Page 386</p> <p>1 A. I'm not sure. I don't know if it 2 was prescription, but they were not the 3 manufactured, but they were given 4 certain -- there was a belief -- they gave it 5 to them because they didn't have anything else, 6 so that was used, yeah. 7 Q. So even if we just limit our 8 discussion to people who use heroin based on 9 their prior use of other substances, illegal 10 substances, it's not just prescription opioids, 11 it could have been marijuana, it could have 12 been alcohol, it could have been many other 13 substances that led to their use of heroin? 14 MS. FITZPATRICK: Objection. Form. 15 A. It could be. 16 MR. NAEEM: No further questions. 17 MS. FITZPATRICK: Nothing further. 18 THE VIDEOGRAPHER: Off the record 19 6:00 p.m. 20 (Deposition concluded at 6:00 p.m.) 21 ----- 22 23 24 25</p>	<p style="text-align: right;">Page 388</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3 SS: 4 County of Cuyahoga.) 5 6 I, Wendy L. Klauss, a Notary Public 7 within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, DONNA SKODA, was 10 by me first duly sworn to testify the truth, 11 the whole truth and nothing but the truth in 12 the cause aforesaid; that the testimony then 13 given by the above-referenced witness was by me 14 reduced to stenotypy in the presence of said 15 witness; afterwards transcribed, and that the 16 foregoing is a true and correct transcription 17 of the testimony so given by the 18 above-referenced witness. 19 I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>
<p style="text-align: right;">Page 387</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 389</p> <p>1 I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5 IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 17th day of 8 August, 2018. 9 10 11 12 13  14 Wendy L. Klauss, Notary Public 15 within and for the State of Ohio 16 17 My commission expires July 13, 2019. 18 19 20 21 22 23 24 25</p>

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1 Veritext Legal Solutions
1100 Superior Ave
2 Suite 1820
3 Cleveland, Ohio 44114
4 Phone: 216-523-1313
5
6 August 17, 2018
7 To: Anne Kearse
8
9 Case Name: In Re: National Prescription Opiate Litigation v.
10 Veritext Reference Number: 2987504
11
12 Witness: Donna Skoda Deposition Date: 8/14/2018
13
14 Dear Sir/Madam:
15
16 Enclosed please find a deposition transcript. Please have the witness
17 review the transcript and note any changes or corrections on the
18 included errata sheet, indicating the page, line number, change, and
19 the reason for the change. Have the witness' signature notarized and
20 forward the completed page(s) back to us at the Production address
21 shown
22 above, or email to production-midwest@veritext.com.
23
24 If the errata is not returned within thirty days of your receipt of
25 this letter, the reading and signing will be deemed waived.
Sincerely,
Production Department
NO NOTARY REQUIRED IN CA

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1 DEPOSITION REVIEW
2 CERTIFICATION OF WITNESS
3 ASSIGNMENT REFERENCE NO: 2987504
4 CASE NAME: In Re: National Prescription Opiate Litigation v.
5 DATE OF DEPOSITION: 8/14/2018
6 WITNESS' NAME: Donna Skoda
7 In accordance with the Rules of Civil
8 Procedure, I have read the entire transcript of
9 my testimony or it has been read to me.
10 I have made no changes to the testimony
11 as transcribed by the court reporter.
12
13 Date Donna Skoda
14 Sworn to and subscribed before me, a
15 Notary Public in and for the State and County,
16 the referenced witness did personally appear
17 and acknowledge that:
18 They have read the transcript;
19 They signed the foregoing Sworn
20 Statement; and
21 Their execution of this Statement is of
22 their free act and deed.
23 I have affixed my name and official seal
24 this ____ day of _____, 20 ____.
25 Notary Public
Commission Expiration Date

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1 DEPOSITION REVIEW
2 CERTIFICATION OF WITNESS
3 ASSIGNMENT REFERENCE NO: 2987504
4 CASE NAME: In Re: National Prescription Opiate Litigation v.
5 DATE OF DEPOSITION: 8/14/2018
6 WITNESS' NAME: Donna Skoda
7 In accordance with the Rules of Civil
8 Procedure, I have read the entire transcript of
9 my testimony or it has been read to me.
10 I have listed my changes on the attached
11 Errata Sheet, listing page and line numbers as
12 well as the reason(s) for the change(s).
13 I request that these changes be entered
14 as part of the record of my testimony.
15
16 I have executed the Errata Sheet, as well
17 as this Certificate, and request and authorize
18 that both be appended to the transcript of my
19 testimony and be incorporated therein.
20
21 Date Donna Skoda
22 Sworn to and subscribed before me, a
23 Notary Public in and for the State and County,
24 the referenced witness did personally appear
25 and acknowledge that:
26 They have read the transcript;
27 They have listed all of their corrections
28 in the appended Errata Sheet;
29 They signed the foregoing Sworn
30 Statement; and
31 Their execution of this Statement is of
32 their free act and deed.
33 I have affixed my name and official seal
34 this ____ day of _____, 20 ____.
35 Notary Public
Commission Expiration Date

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1 ERRATA SHEET
2 VERITEXT LEGAL SOLUTIONS MIDWEST
3 ASSIGNMENT NO: 8/14/2018
4 PAGE/LINE(S) / CHANGE /REASON
5
6
7
8
9
10
11
12
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16
17
18
19
20 Date Donna Skoda
21 SUBSCRIBED AND SWORN TO BEFORE ME THIS
22 DAY OF _____, 20 ____.
23
24 Notary Public
25 Commission Expiration Date

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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